

**REPORT OF THE  
VIRGINIA DEPARTMENT OF HEALTH**

**TASK FORCE TO REVIEW  
HEALTH-RELATED DATA SETS**

**TO THE GOVERNOR AND  
THE GENERAL ASSEMBLY OF VIRGINIA**



**HOUSE DOCUMENT NO. 43**

**COMMONWEALTH OF VIRGINIA  
RICHMOND  
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# COMMONWEALTH of VIRGINIA

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TDD 1-800-828-1120

December 14, 1999

TO: The Honorable James S. Gilmore, III

and

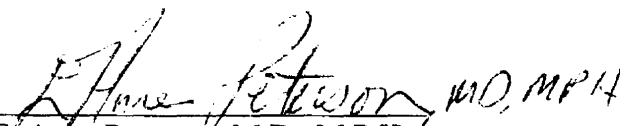
The General Assembly of Virginia

The report contained herein is pursuant to House Joint Resolution 647, agreed to by the 1999 General Assembly.

This report constitutes the response of the Virginia Department of Health (VDH) to review and examine health related data sets in Virginia as part of further analysis of the health status of African Americans, to develop reporting processes to generate more reliable estimates of minority populations and to examine how state agencies and private health organizations can assist by collecting and reporting data classified by race and ethnicity.

The cost to VDH to conduct this study was \$4,500.00. The study involved 180 staff hours of time.

Respectfully Submitted,

  
E. Anne Peterson, M.D., M.P.H.  
State Health Commissioner



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## EXECUTIVE SUMMARY

House Joint Resolution (HJR) 647 of the 1999 Session of the General Assembly requested the Commissioner of Health to establish a task force to review and examine health related data sets in the Commonwealth. This review was to be conducted as part of further analysis of the health status of African-Americans.

Specifically, HJR 647 directs the Commissioner of Health to:

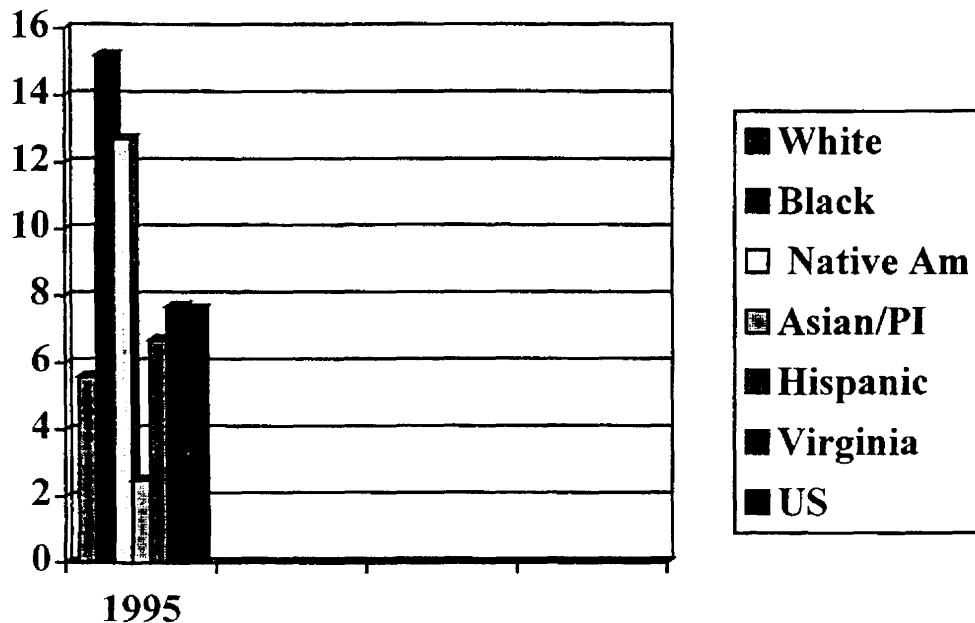
1. Review and examine health related data sets in Virginia as part of further analysis of the health status of African-Americans;
2. Develop reporting processes to generate more reliable estimates of minority populations;
3. Examine how state agencies and private health organizations can assist by collecting and reporting data classified by race and ethnicity

This study is the report of the Commissioner of Health's Task Force that examined available information from public and private sector resources on health-related data sets in Virginia. The Commissioner directed the Office of Minority Health to complete the tasks associated with HJR 647. Each of these sets was reviewed for the inclusion of health information on African-Americans. For this report, the terms "African-American" and "Black" are used interchangeably, and denote any person from the racial group that identifies Africa as a common ancestry.

### The Problem

For the past fifteen years, the issues of health disparity between Whites and minorities have been well documented. It is also well documented that the cause and choices related to health and wellness are different for different cultures. The chart below shows an example of this health status gap. The infant mortality rate for Blacks more than double than that for Whites in Virginia. During 1995, the Black infant death rate was 15.2 per 1,000 live births compared to the White rate of 5.6 per 1,000 live births. The statewide average for that year was 7.7, or about the same as the national average of 7.6. The rate for Native Americans was 12.7. Asian/Pacific Islanders has a rate of 2.5 and Hispanics, 6.7.

Comparison Infant Death Rates by Race and Ethnicity, 1995  
Virginia, United States



However, there remain gaps in the data sources that will impede the future analysis of health status for Virginia's increasingly diverse population. Specifically, many public and private health data sets in the Commonwealth do not adequately include this level of information by race and ethnicity. In addition, changes in race and ethnicity classifications at the federal level may cause many state agencies to modify this demographic information in the health data sets maintained in Virginia.

There is evidence that culturally appropriate targeted interventions that address a specific homogeneous population are more effective. African-Americans are different from Whites as previous studies on health disparities have shown. But also African-Americans are different than other minority groups, such as Asians or Hispanics. To be able to prioritize resources to reduce minority health gap, we must know where and how big a gap there is for various issues. We need to be able to study protective and risk factors to know how to better address these health concerns. We need accurate and specific data to do this, and we need that same accuracy and specificity to be able to measure change and know how we have made a difference.

Moreover, there is no consistent means for estimating the state's population by geographic area, locality, race, gender, and age. These population estimates provide the denominators for calculating rates for diseases and health conditions. Thus, the adequate portrayal of the distinct health concerns of African-Americans and other racial and ethnic minorities in the Commonwealth is dependent on consistent and usable sources of health-related data and population estimates. These data must be collected and reported out by "minimal standards" for race and ethnicity categories if a true analysis of health status of Virginia's diverse populations is to be achieved.

#### **Study Process**

The task force included nine members, three from private organizations, and six from state agencies. A complete membership list is at Appendix E. The task force reviewed thirty-one health-related data sets from fifteen public and private agencies. In addition, the task force reviewed information about changes in the race and ethnicity classifications at the federal level. Finally the task force discussed various methods for estimating Virginia's population.

The task force held three face-to-face meetings on August 20, 1999 and September 10, 1999. To finalize recommendations, members were faxed a staff summary of their deliberations and draft recommendations. They all responded by September 27, 1999. Those recommendations were forwarded to the Office of Minority Health for review.

#### **Findings and Implications**

This report reviews existing health-related and population data sets for Virginia, and provides policy options to enhance the health related information to better portray health status for African-Americans in the Commonwealth. Below are the findings and the policy options.

1. The U.S. Office of Management and Budget (OMB) revised *the Standards for the Classifications of Federal Data on Race and Ethnicity* (formerly OMB Statistical Policy Directive Number 15). These standards provide categories and definitions for race and ethnicity used by a variety of federal, state and local governments, policymakers, researchers and the public for statistical activities including the collection of Census and health data.



### Comparison of Old and New Standards for Race and Ethnicity in Federal Data

Pre-1997 Standards for Race	New Standards for Race
Black	Black <i>or African-American</i>
American Indian or Alaska Native	American Indian or Alaska Native
Asian <i>or Pacific Islander</i>	Asian
	<i>Hawaiian Native or Other Pacific Islander</i>
White	White
Pre-1997 Standards for Ethnicity	New Standards for Ethnicity
Hispanic	Hispanic <i>or Latino</i>
Not Hispanic	Not Hispanic <i>or Latino</i>

The old standard includes four race and two ethnicity categories for federal reporting purposes. The old categories for race are “American Indian or Alaska Native”, “Asian or Pacific Islander”, “Black”, and “White”. The ethnicity categories are “Hispanic” and “Non-Hispanic”. There are two changes to race groups under the new standards. The first adds the term “African-American” to the “Black” classification. This is a nominal change. The second change has greater implications for race data collection and reporting in Virginia. The new standards expand from four to five the number of race groups. Prior to this modification, the “Pacific Islander” category was grouped with the “Asian” category. About 160,000 Asians and Pacific Islanders reside in Virginia (1990 Census). Based on national trends this population will have increased significantly during the 1990’s. Data systems in Virginia collect information by the old Asian/Pacific Islander category. For those that report to federal funding sources, the new standards would require the information on these groups to be reported separately.

The new categories for ethnicity are: “Hispanic or Latino” and “Not Hispanic or Latino”. The previous standards were “Hispanic” and “Not Hispanic”. This change is nominal. The term ‘Latino’ is being added to the old standard to address region differences in the way population group is referenced. For example, the term Hispanic is used primarily in the eastern part of the country, and Latino in the west. This should have little impact on Virginia.

2. The new federal standards allow individuals to select more than one race category for identification purposes. Previously, only one race category could be used. The change is being implemented because of the growing number of multiracial persons in the United States and resistance to reporting a single race for people with more than one. This change has broad implications for Virginia. The most challenging questions relate how data on race will be collected, tabulated, analyzed and reported. For example, how will information on a person who identified as Black in the 1990 Census be compared to this same person who now reports as Black and White. Virginia will have to determine if a multiple race category will be used, or if some method is available to ‘fit’ multiple race individuals into one of the new race categories.
3. The national guidelines for data collection allows individuals to self report their race and ethnicity. This self-identification process further exacerbates the problem related the mix of racial and ethnicity groups and the comparability of data.
4. The new federal standards will become effective with the Year 2000 Census. Other federal agencies must adapt the standards by January 1, 2003. The information was not available on the number of states that have already changed data systems. However, as federal agencies change their systems, state agencies that receive funding may be forced to make the changes.
5. In Virginia, most state agencies that collect and report health-related information use the old federal standards for race and ethnicity. Some agencies collect information on subsets to these categories.
6. Some private sector organizations (or their membership), such as the Virginia Hospital & Healthcare Association (VHHA), collect and report race and ethnicity data using the old standards. Private sector data collection usually corresponds with a state or federal regulation. Many of the regulations have different reporting requirements.

VHHA states that it provides information in response to 15 different sets of regulations, with seven distinct race and ethnicity demographic requirements.

7. State agencies and private sources do not use a uniform method of estimating population for the purpose of determining denominators to calculate rates. Some use census figures, others derive population estimates based on a methodology from the census, and other do not calculate rates.
8. There are two primary sources of population information for Virginia. Neither have an adequate level of detail to sufficiently compute racial health information. The State Data Center at the Virginia Employment Commission is mandated by the Code of Virginia to provide population projections for Virginia's cities and counties. These projections provide age, sex, and race information for all localities in the state. The race information within this data set uses the bi-polar model of "White" and "non-White" categories. The Cooper Center at the University of Virginia provides official estimates of the total population for each city and county in Virginia, but does not provide racial distinctions within its population estimates.
9. Of the population data sets reviewed, the U.S. Census provides the greatest detail on racial and ethnic information. The census data sets include racial and ethnic categories and sub-categories, by a variety of geographic breakouts (city/county, census tract, metropolitan statistical areas, etc.). It also includes other data variables, such as socio-economic and educational status. The most accurate years for the census data are those at the beginning of the decade, when the actual count is conducted. However, the census does provide intercensal estimates, or annual estimates for the years between count years. The Census data does have limitations, such as the potential for undercounting certain populations (i.e., minorities, the poor). Nonetheless, the census appears to be the best population figures for Virginia.
10. No state agency or private sector organization included in the study, provide specific staff training on collecting race and ethnicity information from the public. The task force found that many agencies use observation or surname reference as a means for determining race or ethnicity. The national standard, based on the census process, is for individuals to self-identify. Though there are concerns about the self-identification method as a means for getting valid information, it is the standard. In cases where the interviewer selects the race or ethnicity can further hamper the validity and reproducibility of the data.

## **Policy Options**

**Policy Option 1:** Take no action. This option has potential adverse implications. First, federal and state health information will become increasing inconsistent, and incompatible. This will make data analysis and comparison more difficult. Second, state agencies that do not adopt the changes may become non-compliant to federal regulations and law.

**Policy Option 2:** Request all state agencies to adopt the federal Office of Management and Budget (OMB) revised *the Standards for the Classifications of Federal Data on Race and Ethnicity* (formerly OMB Statistical Policy Directive Number 15). The revised standards for race are: "American Indian or Alaska Native"; "Asian"; "Black or African-American"; "Native Hawaiian or other Pacific Islander"; and "White". The standards for ethnicity are: "Hispanic or Latino" and "Not Hispanic or Latino". The new federal standards allow individuals to select more than one race category for identification purposes. This option may still result in inconsistency across public health data sets, as state agencies may choose different race and ethnicity categories.

**Policy Option 3:** Require all state agencies to adopt the federal Office of Management and Budget (OMB) revised *the Standards for the Classifications of Federal Data on Race and Ethnicity* (formerly OMB Statistical Policy Directive Number 15). The revised standards for race are: "American Indian or Alaska Native"; "Asian"; "Black or African-American"; "Native Hawaiian or other Pacific Islander"; and "White". The standards for ethnicity are: "Hispanic or Latino" and "Not Hispanic or Latino". The new federal standards allow individuals to select more than one race category for identification purposes. This option would require legislation. It would also have costs associated. One agency estimates \$500,000 and six months to change its systems. The legislation should allow a transition period for agencies to comply. Federal agencies have until January 1, 2003 to make the changes.

**Policy Option 4:** Strongly urge private sector organizations to collect information on race and ethnicity using the revised federal standards.

**Policy Option 5:** Ease these efforts by modifying regulatory language (see Code references at Appendix G) to read “Race and ethnicity information shall be collected according to the most current *Standards for the Classifications of Federal Data on Race and Ethnicity* (formerly OMB Statistical Policy Directive Number 15)”. This option requires legislation.

**Policy Option 6:** For purposes of calculating and analyzing health-related data in Virginia, the most recent population estimates from the Bureau of the Census shall be used.

**Policy Option 7:** Require state agencies to adopt the policy of “self-designation” of race and ethnicity for data collection purposes. This would require legislation. It would also require a significant amount training for individuals who collect demographic information from the public. The federal government is currently planning to develop training modules that could be modeled by states.

**Policy Option 8:** Recommend that state agencies and private organizations develop standardized training modules, or guidelines to assist ‘frontline’ personnel ask race and ethnicity questions in a culturally appropriate manner. These modules would provide a systematic means for assuring that the interviewer allows the respondent to provide the information desired. The training would also address the ways that interviewers can be trained to improve data quality. The training should include specific procedures on how to ask questions, including suggested interviewer probes, definitions, and statements to help respondents answer questions. The federal government is currently planning to develop training modules that could be modeled by states.

## I. Authority for the Study

House Joint Resolution (HJR) 647 of the 1999 Session of the General Assembly requested the Virginia Commissioner of Health to establish a Task Force to review and examine health related data sets in the Commonwealth. This review was to be conducted as part of further analysis of the health status of African-Americans.

Specifically, HJR 647 directs the Commissioner of Health to:

1. Review and examine health related data sets in Virginia as part of further analysis of the health status of African-Americans;
2. Develop reporting processes to generate more reliable estimates of minority populations;
3. Examine how state agencies and private health organizations can assist by collecting and reporting data classified by race and ethnicity.

A copy of HJR 647 is provided at Appendix A.

## II. Background

### The Problem

Within the last fifteen years national, state and local attention has been drawn to the disparity in health between Whites and minority populations in the United States. This focus on minority health originated from the 1985 report of U.S. Secretary of Health and Human Services' Task Force on Black and Minority Health. That report concluded that the health status of the nation's population, overall, had been improving; but that for racial and ethnic minority populations, health status was declining. The minority groups were defined as Black; Asian/Pacific Islanders; Native Americans; and Hispanics. The task force identified six causes of death as collectively accounting for more than 80% of excess death and morbidity for African-Americans and the other racial and ethnic minorities. These causes were cardiovascular disease and stroke, cancer, chemical dependency, diabetes, intentional injuries and infant mortality. The federal task force also discerned that health data sets often lacked the specificity in race and ethnicity information to gain a clear picture of health status of particular population groups. Data on Black and other minorities, such as Asians or Hispanics were often combined into a "non-White" category. Moreover, the population estimates that provide denominators for calculating rates were not available for these racial and ethnic minority groups. If a adequate portrayal of Black health is to be achieved for Virginia, minimum race and ethnicity standards and reliable population estimates must be determined.

### Documenting Disparity in Health Status

Since the release of the federal report on Black and Minority Health, many states are making efforts to address the causes and risk factors related to poorer health for these populations. As part of those efforts, states have begun to change the way they collect and report race and ethnicity information. In Virginia, the 1992 report of the Commissioner's Minority Health Advisory Committee recommended<sup>1</sup>, that existing sources of data in the public health department be improved by:

- Adding more detail and refinement to include race/ethnicity, gender, age and local identifiers to Virginia vital records and reports;
- Supporting standardized racial and ethnic labels/classifications throughout all state agencies and generated state publications; and
- Encouraging comparative analysis of other databases and studies designed to assess minority health needs, both within Virginia and outside.

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<sup>1</sup> The Initial Progress Report of the State Health Commissioner's Minority Health Advisory Committee, July, 1992.

Some of these recommendations have been adopted. Through the Virginia Minority Health Data Report, the department of health now publishes health statistics by race and ethnicity. These improvements in data have enabled Virginia to better document health status for its diverse population. For example, life expectancy, infant mortality, low birth weight and teenage pregnancy are generally considered reliable indicators of health status and quality of life. The burden of chronic disease provides another index for measuring health status. Enhancing Virginia's health statistics data to include a "Black" category helped substantiate this disparity or "gap" between the Black and White health status. The table below illustrates how improved data can show health disparity:

**Table 1**  
**Comparison of Selected Diseases Death Rates and Conditions by Race to**  
**Healthy People 2000 Objectives, Virginia 1995**

<i>Disease/Condition</i>	<i>Black</i>	<i>White</i>	<i>Total</i>	<i>Black HP2K</i>	<i>Total HP2K</i>
Life Expectancy (years)	71.0	77.0	75.0	N/A	N/A
Heart Disease Mortality (per 100,000)	186.7	127.8	137.6	115.0	100.0
Breast Cancer Mortality (per 100,000)	29.6	15.3	21.5	25.0	20.6
Stroke Mortality (per 100,000)	48.2	25.7	29.7	30.0	20.0
Diabetes Related Mortality (per 100,000)	74.4	31.2	37.8	58.0	34.0
Infant Mortality (per 1,000 live births)	13.7	6.0	7.6	11.0	7.0
Low Birth Weight (% of live births)	12.2	6.2	7.7	9.0	5.0
Teenage Pregnancy (per females 10-19 years)	57.3	28.2	36.2	N/A	N/A

Center for Health Statistics, Virginia Department of Health

The documentation of health status for subgroups of Virginia's population will also help target activities to educate and promote community level disease prevention activities that will lead to better health for minorities, and all Virginians. Eliminating the disproportionate burden of death and disability among minority Virginians will also benefit the Commonwealth economically. More people will be fit to work, and thus gain economic independence and contribute to the state's productivity and competitiveness.

Federal Activity on Race and Ethnicity Standards:

The federal Office of Management and Budget (OMB) *Standards for the Classifications of Federal Data on Race and Ethnicity* (formerly OMB Statistical Policy Directive Number 15) provides categories and definitions for race and ethnicity. The collection of data through standard categories is used government-wide for a variety of statistical activities including the collection of census and health data. After a four-year review, the OMB revised the standards in 1997, to include five categories for data on race and two categories for data on ethnicity.<sup>3</sup> The new standards will be

<sup>3</sup> . OMB cautions that the categories in this classification are social-political constructs and should not be interpreted as scientific or anthropological

used in the Year 2000 Census. Other federal agencies are required to adopt the revised standards as soon as possible, but no later than January 1, 2003. A copy of the federal register notice announcing the new standards is at Appendix B. Below is a comparison on the old and revised standards for race and ethnicity.

**Comparison of Old and New Standards for Race and Ethnicity in Federal Data**

<b>Pre-1997 Standards for Race</b>	<b>New Standards for Race</b>
Black	Black <i>or African-American</i>
American Indian or Alaska Native	American Indian or Alaska Native
<i>Asian or Pacific Islander</i>	Asian
	<i>Hawaiian Native or Other Pacific Islander</i>
White	White
<b>Pre-1997 Standards for Ethnicity</b>	<b>New Standards for Ethnicity</b>
Hispanic	Hispanic <i>or Latino</i>
Not Hispanic	Not Hispanic <i>or Latino</i>

Another substantial change in the race and ethnicity standards is the ability of individuals to identify as more than one race category. Previously, individuals could only choose one racial designation. The implication of these changes could have profound impact on the maintenance, collection and reporting of health-related data, particularly if a comparison over time is to be conducted. For example, how would comparisons be made of information on an individual who in the 1990 Census identified as Black, and in the 2000 Census identifies as Black, White, and Asian? One option is to use of primary, secondary and tertiary selections for race. This means an individual who previously identified as Black would now indicate his first preference as “Black”, with “White” as his secondary classification preference, and “Asian” as the tertiary preference. For analysis purposes, this person would be grouped in the “Black” racial category. The Department of Mental Health, Mental Retardation and Substances Abuse Services currently uses this model in its hospital system.

To help federal agencies and other users of data determine how best to collect, report, and analyze race and ethnicity data under the new standards, OMB issued in February 1999 *Draft Provisional Guidance on the Implementation of the 1997 Standards for the Collection of Federal Data on Race and Ethnicity*. Appendix C includes the background section of the draft provisional guidelines.

The guidelines suggest that agencies that use time trends in health, economic and social characteristics by racial and ethnic groups might consider “bridge estimates” to assist users in understanding the data collected under the new standard. Bridge estimates are transitional figures that (1) help users understand the relationship between old and new data series; and that (2) provide consistent numerators and denominators for a transition period, before all the data are available in a new format. The bridging process works as follows. For some period of time, referred to as the bridge period, agencies might display historical data along with two estimates. The first, a tabulation of data under the new standard, and the second, an “bridging estimate”, or predication of how responses would have been collected or reporting under the old standard. When the bridge period ends, the bridge estimates would no longer be needed. To use bridging, agencies or organization would have to develop or select bridging methodologies. The guidelines also suggest bridging is not necessary if an organization an agency or organization can tolerate a break in data, as long as the distinction is noted for the user of the information.

Past Legislative Activity in Virginia

In 1994, the General Assembly requested the Secretary of Health and Human Resources study (House Joint Resolution 77) race and ethnicity classification for state programs. The study found that fourteen state agencies collected or reported data on race and ethnicity. A matrix of those agencies are included are Appendix D. Although the 1994 study considered health and non-health related data sets, it found that a lack of uniformity in the data collection of the race classifications and categories among agencies. This study did not include a review of private sector data sources. Also, at the time of that study, the federal government had not concluded its review of the race and ethnicity standards.

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in nature.

### **III. Task Force Members**

HJR 647 directs the State Health Commissioner to establish a task force to review health-related data sets for Virginia, and to provide recommendations for the improvement of race and ethnicity information within these sets. HJR 647 sought recommendations to strengthen policymakers, researchers, and the public's ability to analyze the health status of African-Americans and other minority populations in Virginia. This need for racial and ethnic breakouts in health data was demonstrated in Senate Joint Resolution 355 (1997 Session of the General Assembly). The results of that study showed that health data sets in Virginia lacked sufficient information to adequately analyze the health status of African-Americans and other racial and ethnic minorities.

The Commissioner of Health directed the Office of Minority Health to facilitate the task force's efforts. Representatives from twelve from state agencies, and six private health organizations to participate on the task force. A total of nine individuals agreed to serve on the task force. These included three of the private sector organization representatives (Virginia Hospital & Health Care Association, Virginia Primary Care Association, and Virginia Health Information), and staff of six state agencies (Health, Mental Health, Mental Retardation, and Substances Abuse Services, Social Services, Medical Assistant Services, Virginia Employment Commission and Norfolk State University). Each of these members was knowledgeable of, or had worked with the health data sets or population data sets. In addition, individuals from five other state agencies (Education, Visually Handicapped, Rights for the Disabled, Health Professions, Rehabilitative Services, and University of Virginia) provided additional information for the task force's deliberations. They were also available to response to questions from the task force. These persons did not attend or participate in the task force's discussions. These persons became the advisory group for the study. Appendix E is the membership list of the task force, and the advisory group.

### **IV. Task Force Process**

The task force met twice to discuss the information provided by agencies and organizations. The meetings were held at the Department of Health on August 20, 1999 and September 10, 1999. In lieu of a third meeting the staff summarized the recommendations from the task force's deliberations and electronically (via fax) delivered them to the membership. The task force members were asked to review the recommendations and provide feedback by September 27, 1999.

At the first meeting the members were asked to report on the types of health-related or population data sets maintained by their respective agencies or organizations, and to described the level of race and ethnicity data included in those sets. This information was set in a matrix, which showed that the breath of data collected and reported was linked to a state or federal requirement, or a national accreditation organization.

The task force then discussed several methods for determining Virginia's population by race, ethnicity, gender, age and locality. This discussion included the use of the Bureau of Census intercensal estimates, and past efforts in Virginia to estimate the population by these demographic breakouts.

At the second meeting, the task force discussed the implications of the multiple race option, training needs and costs associated within modifying race and ethnicity classifications in Virginia's health data sets. The task force requested the staff to draft recommendations based on its discussions. The recommendations that received a majority of affirmative votes was forwarded to the Commissioner.

### **V. Data Sources Reviewed**

This study is a review of a sample of health and population data and information from public and private sector resources in Virginia. Each of these sets was reviewed for the inclusion of health information on African-Americans. The study also examined available information for estimating Virginia's population. Particular emphasis was given to providing annual population estimates by the demographic characteristics of race, ethnicity, gender, age and locality.

Primary sources for the information included health-related data sets from:

## Public

- Department of Health
- Department of Health Professions
- Department of Social Services
- Department of Medical Assistance Services
- Department of Rehabilitative Services
- Department of Rights for Virginians with Disabilities
- Department of Education
- Norfolk State University
- Department of Visually Handicapped
- Department of Mental Health, Mental Retardation and Substance Abuse Services

## Private

- Virginia Health Information
- Virginia Primary Care Association
- Old Dominion Medical Society
- Virginia Association of Health Plans
- Virginia Hospital and Health Care Association

The Virginia Employment Commission and the Weldon Cooper Center for Public Service at the University of Virginia provided information on population. The study also included a review of the revised standards for the classification of federal data on race and ethnicity published by the federal Office of Management and Budget. These are the standards that will be used when the Year 2000 Census is conducted. The task force also discussed several methodologies for estimating population between census years.

It is noteworthy that past legislative activities examined the inclusion of race and ethnicity in public sector data sets. The focus of this study, however, is *health-related* data sets, in the public and the private sectors. Therefore, this report provides a current review of existing health-related and population data sets for Virginia, and provides policy options to enhance the health related information to better portray health status for African-Americans in the Commonwealth.

## **VI. Review of Health Related Data and Population Sets in Virginia**

For this study, the task force solicited information from ten state agencies and five private health organizations. All the agencies and organizations responded to the request, and provided information on a total of 31 health-related data sets. The respondents were asked to list the health data sets they maintained, and to specify the race and ethnicity information within those data sets.

Based on the review of the existing health related data sets in Virginia, there appears to be improvement beyond the bipolar (white/non-white) data collection/reporting model. Many public and private entities collect and report race and ethnicity information in their respective data sets. However, there is a wide variance in the race and ethnicity information collected by different organizations. The range includes those that collect no information on race and ethnicity, to those that collect and report health data by racial and ethnic sub-groups. Most of the public sector health related data sets reviewed for this study have some level of race and ethnicity information. At a minimum, these sets distinguish between the race and ethnicity categories in the old standards -- "White", "Black", "Asian/Pacific Islanders", "American Indian", and "Hispanics". In some cases, these categories are delineated. For example, the Center for Health Statistics at the Virginia Department of Health includes Korean, Japanese, and Vietnamese among the sub-groups under the Asian-Pacific Islander category. When this level of detail is collected, the sub-group information is collapsed back to the standard category for reporting purposes. For the private sector organizations, the range of information collected and reported mirrors that of public data sets. Private sector data is usually collected as a result of a federal or state regulatory requirement. Often different regulations have various reporting requirements for the same organizations.

One potential source for minority health information in Virginia is a project under development at the Department of Political Science and Economics at Norfolk State University. This project will establish a health database "...to provide



a comprehensive profile of minority health and well-being". This regional database includes information from Virginia and North Carolina, and consists of more than seventy data files with over 2000 variables. This planned interactive data system will use data from a variety public state and federal agencies, businesses, etc. The geographic information system (GIS) format will be used to link demographic, health, environmental, agricultural, business and industry, and socio-cultural data. Appendix G is a copy of the project abstract.

The table below shows the range of race and ethnicity information collected by state agencies and private organizations.

**TABLE 2**  
**Participating Virginia Agencies**  
**Racial and Ethnic Classifications**

Race and/or Ethnicity	Health	*DMAS	MHMRSAS	DSS	DRS	*DVH	DRVD	*EDUC	*DHP
<i>American Indian or Alaskan Native Category</i>									
Alaskan Native			X						
American Indian			X	X	X				
American Indian/Alaskan Native	X			X	X	X	X	X	
Indian (Am. Indian or East Indian)									
Eskimo, Aluet									
Native American		X							
<i>Asian or Pacific Islander Category</i>									
Asian	X				X		X	X	X
Asian or Alaskan Native					X				
Asian/Pacific Islander	X	X	X	X		X	X	X	X
Chinese	X						X		
Filipino	X								
Hawaiian	X								
Japanese	X								
Oriental				X					
Oriental/Asian				X					
Pacific Islander								X	

**TABLE 2**

**Participating Virginia Agencies  
Racial and Ethnic Classifications**

<b>Race and/or Ethnicity</b>	<b>Health</b>	<b>*DMAS</b>	<b>MHMRSAS</b>	<b>DSS</b>	<b>DRS</b>	<b>*DVII</b>	<b>DRVD</b>	<b>*EDUC</b>	<b>*DHP</b>
<i>Black Category</i>									
<b>African American</b>									<b>X</b>
<b>Black</b>	<b>X</b>			<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>
<b>Black/African American</b>			<b>X</b>						
<b>Black, Not of Hispanic Origin</b>	<b>X</b>	<b>X</b>						<b>X</b>	
<i>Hispanic Category</i>									
<b>Hispanic</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Mexican</b>	<b>X</b>								
<b>Mexican/Mexican American</b>			<b>X</b>						
<b>Puerto Rico</b>	<b>X</b>		<b>X</b>						
<b>Cuban</b>	<b>X</b>		<b>X</b>						
<b>Central/South American</b>	<b>X</b>								
<b>Other or Unknown Hispanic</b>	<b>X</b>		<b>X</b>						
<b>Non-Hispanic</b>	<b>X</b>		<b>X</b>						
<i>White Category</i>									
<b>Caucasian</b>	<b>X</b>			<b>X</b>					<b>X</b>
<b>White</b>	<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>
<b>White, Not of Hispanic Origin</b>	<b>X</b>	<b>X</b>					<b>X</b>		

**TABLE 2  
Participating Virginia Agencies**

### Racial and Ethnic Classifications

Race and/or Ethnicity	Health	*DMAS	MHMRSAS	DSS	DRS	*DVH	DRVD	*EDUC	*DHP
<i>Other Category</i>									
Not Classification or Unknown	X								
Biracial				X					
Other	X	X	X	X		X	X	X	X
Unknown			X	X	X				X
Minority									
Low-Income Minority									
Low-Income Non-Minority									

The "X" for this study represents one or more systems/programs using the labels indicated on the left of the chart.

The asterisk (\*) identifies those agencies that use the combined classification of race/ethnicity.

The following is a summary on information reported by each agency or organization included in the study.

#### Virginia Department of Health

VDH operates a variety of programs that collect and report health-related information by race and ethnicity based on the old federal minimum standards. These include information from services the agency provides through local health departments, or through regulatory activity. Many collect the data by five primary categories in the old standards, but often collapse some race categories, such as "Asians", into an "Other" category because of small numbers, and confidentiality issues. Also, some VDH programs collect data by subsets of the minimum standard categories. The example of the breakout of the Asian category mentioned above is an illustration of this. Examples of the VDH programs that collect race and ethnicity data are the Center for Health Statistics, which reports the state's annual health statistics to the Center for Quality Health Services and Consumer Protection, which collects information health facilities. The *Virginia Integrated System Information Online Network* system implemented by VDH tracks recipients of public health services, and records on clinical services information by race and ethnicity.

#### Department of Medical Assistance Services

DMAS, or the agency that administers the Medicaid program, publishes *The Statistical Record of the Virginia Medicaid Program* annually. This document includes two reports with racial information. The first is a breakout of individuals eligible for Medicaid services by race, gender and age group. The second is a report on the number of individuals who receive Medicaid services by race, gender and age group. These published reports include the race categories of "White", "Black" and "Other". DMAS collects but does not normally report similar data on other race and ethnic groups (i.e., American Indian, Asians, and Hispanics) -- based on the old federal standard, but the actual number of individuals in these categories is small. However, the data can be made available by request.

#### Department of Mental Health, Mental Retardation and Substance Abuse Services

DMHMRSAS collects three sources of data that include race and ethnicity information. DMHMRSAS operates fifteen hospitals, or training centers across Virginia. Patient information is collected by the minimum race categories identified in the old federal standards. Based on recent audits, that cross-checked patient records with interviews, the race information from these hospital facilities is ninety-eight percent (98%) accurate. Although the agency collects information on Hispanic ethnicity, it is done with less frequency. There is no system to check for the reliability of ethnicity.

DMHMRSAS partners with local Community Services Boards (CSBs) in the Commonwealth. The CSBs oversee mental health, mental retardation and substance abuse services at the local level. CSBs are governed by boards with representatives from the locale, and can operate as single jurisdictional, or as multi-jurisdictional entities. The CSBs collect data on clients by race and ethnicity. However, there are seven different computer systems used by the CSBs, and not all of them are compatible. Thus, there is some concern about the reliability of the data.

Thirdly, DMHMRSAS monitors Medicaid claims filed by private providers. These claims include demographic information on the racial and ethnic groups based on the old federal standards.

#### Department of Social Services

DSS uses three automated systems to collect health related data. Each of these systems obtains information on race and ethnicity by the old federal standards. Newcomers Services tracks services (employment, health screenings, etc.) provided to refugees. The Application Benefit Delivery Automation Project (ADAPT) handles eligibility information on TANF (temporary assistance) recipients, as well as Medicaid and food stamp information. The On-Line Automated Services Information System, or OASIS, tracks services (foster care, adult and child protective services and adoption) to individuals.

#### Department of Health Professions

DHP monitors the licensing of health professionals in the Commonwealth. DHP does not collect information on race and ethnicity. During the early part of the century DHP did collect race and ethnicity information on medical licenses, but the practice was discontinued a number of years ago.

#### Department of Rehabilitative Services

DRS collects information by the old federal standards.

#### The Department of Visually Handicapped

DVH collects and reports data by the old federal standards.

#### Rights for Virginians with Disabilities

RVD collects and reports data by the old federal standards.

#### Department of Education

DOE collects and reports data on school enrollment for kindergarten through grade 12 by the old federal standards.

#### Virginia Primary Care Association

VPCA collects race and ethnicity data through its Uniform Data System. UDS provides information on Community and Migrant Health Centers to the federal Bureau of Primary Care. VPCA uses the old federal standards of race and ethnicity.

#### Virginia Health Information

VHI in collaboration with the Department of Health, collects and reports on patient level data from hospitals. VHI records race and ethnicity based by the old federal standards.

#### Virginia Hospital & Health Care Association

VHHA reports that its member facilities (hospitals and nursing homes) are required by statute to report on several health related areas. A complete list of those requirements, including references to the Code of Virginia, is at Appendix ?. This information is reported by the old federal race and ethnicity standards.

#### Virginia Association of Health Plans

VAHP reports that its members do not collect race and ethnicity information on enrollees, but indicates that this demographic information may be collected by providers of services.

#### Old Dominion Medical Society

ODMS does not compile information on the race of its membership, but has historically represented the concerns of African-American physicians in Virginia.

## **VII. Task Force Deliberations**

#### Race and Ethnicity Classifications

The task force quickly reached consensus that state agencies and private health organizations adopt the federal changes in race and ethnicity classifications. These include the expansion of the race categories from four to five, the modification of the ethnicity classification, the use of multiple race selection option. The benefits of adopting these standards appeared to outweigh any downsides. The benefits are the creation of a standard of consistency in the health data across state agencies and private sector organizations in Virginia; and participation in a national system of data collection and reporting. This change alone will enhance Virginia's efforts to meaningfully examine the health status of its diverse population.

Adopting the new standards comes with some drawbacks, such as the impact of the multiple race selection option on health data sets. If Virginia health data systems used the multiple race option the development of trend data (comparison over time) would be more difficult. In other words, how would comparisons be made of individuals were previously classified as one single race and who under the new standard are identified by more than one race? The task force considered the example of an individual who at the time of the 1990 census was in Black category, but in the year 2000 identifies as Black, White and Asian.

The task force examined several options to address this issue. The first option involved putting the individual in the Black category. One means for doing this, and to continue to account for the multiple race selection is to use primary, secondary and tertiary selections for race. This means an individual who previously identified as Black would now indicate his first preference as "Black", with "White" as his secondary classification preference, and "Asian" as the tertiary preference. For analysis purposes, this person would be grouped in the "Black" racial category. The

Department of Mental Health, Mental Retardation and Substances Abuse Services current uses this model in its hospital and training centers.

The second was the creation of a single multiple race category for all those who selected more than one race. A third option would be require making available the several race and ethnicity combinations. Under this scenario, there are a maximum of 63 potential single and multiple race categories, including six categories for those who identify as exactly one race, and 57 categories for those who identified two or more races. These 57 categories of two or more races include 15 possible combinations of two races (i.e., Black and White), 20 possible combinations of three races, 15 possible combination of four races, 6 possible combinations of five races, and 1 possible combination of all six races. Additionally, there two ethnicity categories (Hispanic or Latino and Not Hispanic or Latino). Thus there are a total of 126 categories (63 x 2) in which a population could be classified by both race and ethnicity.

The 1997 federal implementation guidelines provide another fourth solution, "bridge estimates". Bridging help users of the data understand the relationship between old and new data series; and provide consistent numerators and denominators for a transition period, before all the data are available in a new format. Bridging works as follows. For some period of time, referred to as the bridge period, agencies might display historical data along with two estimates. The first, a tabulation of data under the new standard, and the second, an "bridging estimate", or predication of how responses would have been collected or reporting under the old standard. When the bridge period ends, the bridge estimates would no longer be needed. To use bridging, agencies or organization would have to develop or select bridging methodologies. The methodologies are includes the federal guidelines.

The guidelines also stress that bridging is not required for all situations, especially if agencies or organizations can tolerate a "break" in their data series, or if comparison to another data series provides users with enough information about change over time. If the bridging option is not chosen, agencies and organizations should footnote the first occurrence of data under the new standard.

The task force concluded that a distinction needed to be made between the collection of the data and the analysis of data. For tabulation, or data collection purposes, the task force favored allowing individuals to identify with any race combination, based on the new standards. These 'raw' data sets would be maintained by an organization. However, for data analysis purposes, the multiple race responses needed to be collapsed into one multiple race group. The task force proposed this as a temporary response until the federal government resolves the issues.

#### Population Issues

Population figures provide the denominator for calculating rates for diseases and health conditions that determine health status. The task force determined that there are two 'official' sources of population information for Virginia. Neither have an adequate level of detail to sufficiently compute racial health information. The State Data Center at the Virginia Employment Commission is mandated by the Code of Virginia to provide population projections for Virginia's cities and counties. These projections provide age, sex, and race information for all localities in the state. The race information within this data set uses the bi-polar model of "White" and "non-White". The Cooper Center at the University of Virginia provides official estimates of the total population for each city and county in Virginia, but does not provide racial distinctions within its population estimates.

Currently state agencies use a variety of methods to calculate population figures for reporting purposes. Many times programs within the same agencies use different population figures. Some adapt the most recent census numbers that are available. Other use extrapolations of state or federal data sources. A few localities develop their own population figures. In sum, there is no consistent or uniform means to determine population figures in Virginia that includes race and ethnicity characteristics.

The task force considered common methods for estimates population such as, the component method, the composite method, vital rates method, census survival method, ratio-correlation method, and mathematical methods (arithmetic and geometric extrapolation). Each of these methods has different data requirements and is based on a set of assumptions. The results produced by these methods are subject to biases varying in magnitude. Some methods produce estimates of downward biases, while others upward biases. For instance, the component and composite methods show low average error and chances of underestimation, while vital rates and ratio-correlation methods are likely to have higher margins of error and upward biases. The task force concluded that designing a specific population

estimation methodology for Virginia was too costly and time consuming, and that the adoption of the Census estimates was appropriate and more efficient.

The U.S. Census plans to incorporate the new standards for the classification of federal data on race and ethnicity. These are the standards that will be used when the Year 2000 Census is conducted. The Census provides the greatest detail on racial and ethnic information. The census data sets include racial and ethnic categories and sub-categories, by a variety of geographic breakouts (city/county, census tract, metropolitan statistical areas, etc.). It also includes other data variables, such as socio-economic and educational status. The most accurate years for the census data are those at the beginning of the decade, when the actual count is conducted. However, the census does provide annual estimates for the years between count years. Even these census counts and estimates have some limitations. For example, many argue that the census undercounts many individuals, especially some minorities. Also, it is difficult to predict year-to-year changes in minority populations for certain localities, especially with the in/out migration of people across state or local boundaries. However, the census data is the most comprehensive set of population figures available for Virginia.

#### Training

The task force also considered training issues. Agencies and organizations found that many staff have difficulty asking demographic questions about race and ethnicity. In many cases, the interviewer makes an assumption about race and ethnicity based on the respondent's appearance or surname. Additionally, the national standard for collecting race and ethnicity data is for the respondent to self-identify. Therefore, the task force recommends the development of standardized training modules, or guidelines to assist "frontline" personnel in public agencies and private organizations ask racial and ethnicity demographic questions in a culturally appropriate manner. These modules would provide a systematic means for assuring that the interviewer allows the respondent to provide the information desired. These training would also address the ways that interviewers can be trained to improve the quality of data collected. The training must include specific procedures on how to ask questions, including suggested interviewer probes, definitions, and statements to help respondent answer questions.

The Office of Management and Budget guidelines stated that, "work to develop interviewer training procedures began in the Spring of 1999." These plans include the developing and testing different training modules and interviewer instructions. The guidelines indicate that many of the issues or problems to be addressed in the training are not new, however, "...since the new standards encompass several distinct changes, it seems timely to address some of the longstanding issues in fielding questions."

#### Cost Issues

In order to determine the cost for changing health data system, the task force considered that following factors:

- Modifying forms
- Modifying computer software programs
- Hire new staff, interim and full time personnel required to make the modifications.
- Train old staff on the revisions in federal guidelines
- Training of staff on the implementation of changes in race and ethnicity
- Vendor contracts if the data collection and analysis is out-sourced
- Printing costs for new forms

One agency provided a preliminary estimate that the cost to change all of the facilities in its system to reflect the new federal standards would take appropriate six months to complete, and might cost about \$500,000. However, the task force believes that revisions in the federal system will eventually cause states and localities to adapt the changes in race and ethnicity data collection and reporting because of non-compliance. A major concern would be the potential loss of federal funds.



## VIII. Conclusions

The adequate portrayal of the distinct health concerns of African-Americans and other racial and ethnic minorities in the Commonwealth is dependent on consistent and usable sources of health-related data and population estimates. These data must be collected and reported out by “minimal standards” for race and ethnicity categories if a true analysis of health status of Virginia’s diverse populations is to be achieved. The new federal standards for race and ethnicity provide a workable set of standards for Virginia.

A standard method for estimating Virginia’s population during intercensal years is key to maintaining meaningful health information. Below is a summary of findings about the inclusion of race and ethnicity data in health-related data sets in Virginia. The Census is the best source for race and ethnicity data with demographic detail by gender, age and locality.

In order to implement the new standards, agency staff will need training on methods for collecting race and ethnicity information. Finally the costs associated with modifying Virginia’s health-related data sets is about \$500,000 per system.

Finally, the improved data sets will also provide specific information to help design, implement and evaluate culturally appropriate interventions that target racial and ethnic minorities. Research shows that community-based programs that take into account the impact of culture, traditions, and beliefs of the targeted population are an effective means for addressing risk factors related to health outcomes.<sup>4</sup> Health data by race and ethnicity will help identify the need for prevention and intervention activities.

## IX. Policy Options

**Policy Option 1:** Take no action. This option has potential adverse implications. First, federal and state health information will become increasing inconsistent, and incompatible. This will make data analysis and comparison more difficult. Second, state agencies that do not adopt the changes may become non-compliant to federal regulations and law.

**Policy Option 2:** Request all state agencies to adopt the federal Office of Management and Budget (OMB) revised *the Standards for the Classifications of Federal Data on Race and Ethnicity* (formerly OMB Statistical Policy Directive Number 15). The revised standards for race are: “American Indian or Alaska Native”; “Asian”; “Black or African-American”; “Native Hawaiian or other Pacific Islander”; and “White”. The standards for ethnicity are: “Hispanic or Latino” and “Not Hispanic or Latino”. The new federal standards allow individuals to select more than one race category for identification purposes. This option may still results in inconsistency across public health data sets, as state agencies may choose different race and ethnicity categories.

**Policy Option 3:** Require all state agencies to adopt the federal Office of Management and Budget (OMB) revised *the Standards for the Classifications of Federal Data on Race and Ethnicity* (formerly OMB Statistical Policy Directive Number 15). The revised standards for race are: “American Indian or Alaska Native”; “Asian”; “Black or African-American”; “Native Hawaiian or other Pacific Islander”; and “White”. The standards for ethnicity are: “Hispanic or Latino” and “Not Hispanic or Latino”. The new federal standards allow individuals to select more than one race category for identification purposes. This option would require legislation. It would also have costs associated. One agency estimates \$500,000 and six months to change its systems. The legislation should allow a transition period for agencies to comply. Federal agencies have until January 1, 2003 to make the changes.

**Policy Option 4:** Strongly urge private sector organizations to collect information on race and ethnicity using the revised federal standards.

**Policy Option 5:** Ease these efforts by modifying regulatory language (see Code references at Appendix G) to read “Race and ethnicity information shall be collected according to the most current *Standards for the Classifications of*

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<sup>4</sup> CSAP Cultural Competency Series # 7: Cultural Competence for Health Care Professionals Working with African-American Communities: Theories and Practice, 1998.

*Federal Data on Race and Ethnicity* (formerly OMB Statistical Policy Directive Number 15)". This option requires legislation.

**Policy Option 6:** For purposes of calculating and analyzing health-related data in Virginia, the most recent population estimates from the Bureau of the Census shall be used.

**Policy Option 7:** Require state agencies to adopt the policy of "self-designation" of race and ethnicity for data collection purposes. This would require legislation. It would also require a significant amount training for individuals who collect demographic information from the public. The federal government is currently planning to develop training modules that could be modeled by states.

**Policy Option 8:** Recommend that state agencies and private organizations develop standardized training modules, or guidelines to assist 'frontline' personnel ask race and ethnicity questions in a culturally appropriate manner. These modules would provide a systematic means for assuring that the interviewer allows the respondent to provide the information desired. The training would also address the ways that interviewers can be trained to improve data quality. The training should include specific procedures on how to ask questions, including suggested interviewer probes, definitions, and statements to help respondents answer questions. The federal government is currently planning to develop training modules that could be modeled by states.

## **APPENDIX A**

### **House Joint Resolution 647 State Health Commissioner's Task Force on Health Related Data Sets**

**HOUSE JOINT RESOLUTION NO. 647**

*Requesting the State Health Commissioner to establish a task force to review and examine health-related data sets as part of further analysis of the health status of African Americans.*

Agreed to by the House of Delegates, February 4, 1999

Agreed to by the Senate, February 18, 1999

WHEREAS, the State Department of Health's Office of Minority Health recently completed a study of the health status and conditions of African Americans pursuant to Senate Joint Resolution No. 355 (1997); and

WHEREAS, based on available health data, there are a number of significant disparities in the health status and conditions of African Americans and Caucasians, including life expectancy, heart disease mortality, stroke mortality, diabetes, infant mortality, low birth weight, and teenage pregnancy; and

WHEREAS, heart disease, cancer, stroke, unintentional and intentional injury, and HIV/AIDS are among the most significant health concerns for African Americans; and

WHEREAS, 20 percent of African Americans lack health insurance compared to 14 percent of all Virginians; and

WHEREAS, the Department study concluded that Virginians as a whole are generally making progress towards the Healthy People 2000 objectives but that in most cases these objectives will not be achieved by African Americans; and

WHEREAS, the Department study concluded that there is no consistent method for determining the extent to which health promotion activities target African Americans and whether those activities that do so are effective; and

WHEREAS, the adequate portrayal of the distinct health outcomes of African Americans is difficult because much of the state's health data is not collected or reported by racial classifications; and

WHEREAS, state health data has historically been collected under the race categories of "White" and "non-White," with "non-White" including African Americans as well as other racial and ethnic groups; and

WHEREAS, the Department study concluded that disaggregation of these health data by racial and ethnic population groups is critical if a true picture of African-American health, and the health of other minority groups, is to be accurately portrayed; and

WHEREAS, the Department study also concluded that further analysis is needed to develop a more accurate depiction of efforts to reduce health disparities between African Americans and Caucasians, and to establish a baseline for analyzing and evaluating health data and health promotion activities; and

WHEREAS, the Department study recommended that a methodology be developed for estimating the state's population by race, geographic area, and gender in order to allow for a uniform method of analyzing health data sets; and

WHEREAS, the Department study further recommended establishment of a task force to focus on African-American health in Virginia; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the State Health Commissioner be requested to establish a task force comprised of representatives of appropriate state agencies and private health-related entities to (i) review and examine health-related data sets in Virginia as part of further analysis of the health status of African Americans, (ii) develop reporting processes to generate more reliable estimates of minority populations, and (iii) examine how state agencies and private health organizations can assist by collecting and reporting data classified by race and ethnicity.

The Commissioner shall submit the findings and recommendations of the task force to the State Board of Health and the Joint Commission on Health Care by October 1, 1999, and to the Governor and the 2000 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

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Go to ([General Assembly Home](#))

## **APPENDIX B**

### **Federal Office of Management and Budget Revisions to the Standards for Classification of Federal Data on Race and Ethnicity, Federal Register, October, 1997**

## OFFICE OF MANAGEMENT AND BUDGET

### Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity

**AGENCY:** Executive Office of the President, Office of Management and Budget (OMB), Office of Information and Regulatory Affairs

**ACTION:** Notice of decision.

**SUMMARY:** By this Notice, OMB is announcing its decision concerning the revision of Statistical Policy Directive No. 15, Race and Ethnic Standards for Federal Statistics and Administrative Reporting. OMB is accepting the recommendations of the Interagency Committee for the Review of the Racial and Ethnic Standards with the following two modifications: (1) the Asian or Pacific Islander category will be separated into two categories -- "Asian" and "Native Hawaiian or Other Pacific Islander," and (2) the term "Hispanic" will be changed to "Hispanic or Latino."

The revised standards will have five minimum categories for data on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. There will be two categories for data on ethnicity: "Hispanic or Latino" and "Not Hispanic or Latino."

The Supplementary Information in this Notice provides background information on the standards (Section A); a summary of the comprehensive review process that began in July 1993 (Section B); a brief synopsis of the public comments OMB received on the recommendations for changes to the standards in response to the July 9, 1997, Federal Register Notice (Section C); OMB's decisions on the specific recommendations of the Interagency Committee (Section D); and information on the work that is underway on tabulation issues associated with the reporting of multiple race responses (Section E).

The revised standards for the classification of Federal data on race and ethnicity are presented at the end of this notice; they replace and supersede Statistical Policy Directive No. 15.

**EFFECTIVE DATE:** The new standards will be used by the Bureau of the Census in the 2000 decennial census. Other Federal programs should adopt the standards as soon as possible, but not later than January 1, 2003, for use in household surveys, administrative forms and records, and other data collections. In addition, OMB has approved the use of the new standards by the Bureau of the Census in the "Dress Rehearsal" for Census 2000 scheduled to be conducted in March 1998.

**ADDRESSES:** Please send correspondence about OMB's decision to: Katherine K. Wallman, Chief Statistician, Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10201 New Executive Office Building, 725 17th Street, N.W., Washington, D.C. 20503; fax: (202) 395-7245.

**ELECTRONIC AVAILABILITY AND ADDRESSES:** This Federal Register Notice and the related OMB Notices of June 9, 1994, August 28, 1995, and July 9, 1997, are available electronically from the OMB Homepage on the World Wide Web:

<<<http://www.whitehouse.gov/WH/EOP/OMB/html/fedreg.html>>>.

Federal Register Notices are also available electronically from the U.S. Government Printing Office web site: <<[http://www.access.gpo.gov/su\\_docs/aces/aces140.html](http://www.access.gpo.gov/su_docs/aces/aces140.html)>>. Questions about accessing the Federal Register online via GPO Access may be directed to telephone (202) 512-1530 or toll free at (888) 293-6498; to fax (202) 512-1262; or to E-mail <<[gpoaccess@gpo.gov](mailto:gpoaccess@gpo.gov)>>.

This Notice is available in paper copy from the OMB Publications Office, 725 17th Street, NW,

**FOR FURTHER INFORMATION CONTACT:** Suzann Evinger, Statistical Policy Office, Office of Information and Regulatory Affairs, Office of Management and Budget, NEOB, Room 10201, 725 17th Street, N.W., Washington, D.C. 20503; telephone: (202) 395-3093; fax (202) 395-7245.

## **SUPPLEMENTARY INFORMATION:**

### **A. Background**

For more than 20 years, the current standards in OMB's Statistical Policy Directive No. 15 have provided a common language to promote uniformity and comparability for data on race and ethnicity for the population groups specified in the Directive. They were developed in cooperation with Federal agencies to provide consistent data on race and ethnicity throughout the Federal Government. Development of the data standards stemmed in large measure from new responsibilities to enforce civil rights laws. Data were needed to monitor equal access in housing, education, employment, and other areas, for populations that historically had experienced discrimination and differential treatment because of their race or ethnicity. The standards are used not only in the decennial census (which provides the data for the "denominator" for many measures), but also in household surveys, on administrative forms (e.g., school registration and mortgage lending applications), and in medical and other research. The categories represent a social-political construct designed for collecting data on the race and ethnicity of broad population groups in this country, and are not anthropologically or scientifically based.

### **B. Comprehensive Review Process**

Particularly since the 1990 census, the standards have come under increasing criticism from those who believe that the minimum categories set forth in Directive No. 15 do not reflect the increasing diversity of our Nation's population that has resulted primarily from growth in immigration and in interracial marriages. In response to the criticisms, OMB announced in July 1993 that it would undertake a comprehensive review of the current categories for data on race and ethnicity.

This review has been conducted over the last four years in collaboration with the Interagency Committee for the Review of the Racial and Ethnic Standards, which OMB established in March 1994 to facilitate the participation of Federal agencies in the review. The members of the Interagency Committee, from more than 30 agencies, represent the many and diverse Federal needs for data on race and ethnicity, including statutory requirements for such data. The Interagency Committee developed the following principles to govern the review process:

1. The racial and ethnic categories set forth in the standards should not be interpreted as being primarily biological or genetic in reference. Race and ethnicity may be thought of in terms of social and cultural characteristics as well as ancestry.
2. Respect for individual dignity should guide the processes and methods for collecting data on race and ethnicity; ideally, respondent self-identification should be facilitated to the greatest extent possible, recognizing that in some data collection systems observer identification is more practical.
3. To the extent practicable, the concepts and terminology should reflect clear and generally understood definitions that can achieve broad public acceptance. To assure they are reliable, meaningful, and understood by respondents and observers, the racial and ethnic categories set forth in the standard should be developed using appropriate scientific methodologies, including the social sciences.
4. The racial and ethnic categories should be comprehensive in coverage and produce compatible, nonduplicative, exchangeable data across Federal agencies.



5. Foremost consideration should be given to data aggregations by race and ethnicity that are useful for statistical analysis and program administration and assessment, bearing in mind that the standards are not intended to be used to establish eligibility for participation in any federal program.
6. The standards should be developed to meet, at a minimum, Federal legislative and programmatic requirements. Consideration should also be given to needs at the State and local government levels, including American Indian tribal and Alaska Native village governments, as well as to general societal needs for these data.
7. The categories should set forth a minimum standard; additional categories should be permitted provided they can be aggregated to the standard categories. The number of standard categories should be kept to a manageable size, determined by statistical concerns and data needs.
8. A revised set of categories should be operationally feasible in terms of burden placed upon respondents; public and private costs to implement the revisions should be a factor in the decision.
9. Any changes in the categories should be based on sound methodological research and should include evaluations of the impact of any changes not only on the usefulness of the resulting data but also on the comparability of any new categories with the existing ones.
10. Any revision to the categories should provide for a crosswalk at the time of adoption between the old and the new categories so that historical data series can be statistically adjusted and comparisons can be made.
11. Because of the many and varied needs and strong interdependence of Federal agencies for racial and ethnic data, any changes to the existing categories should be the product of an interagency collaborative effort.
12. Time will be allowed to phase in any new categories. Agencies will not be required to update historical records.
13. The new directive should be applicable throughout the U.S. Federal statistical system. The standard or standards must be usable for the decennial census, current surveys, and administrative records, including those using observer identification.

The principal objective of the review has been to enhance the accuracy of the demographic information collected by the Federal Government. The starting point for the review was the minimum set of categories for data on race and ethnicity that have provided information for more than 20 years for a variety of purposes, and the recognition of the importance of being able to maintain this historical continuity. The review process has had two major elements: (1) public comment on the present standards, which helped to identify concerns and provided numerous suggestions for changing the standards; and (2) research and testing related to assessing the possible effects of suggested changes on the quality and usefulness of the resulting data.

Public input, the first element of the review process, was sought through a variety of means: (1) During 1993, Congressman Thomas C. Sawyer, then Chairman of the House Subcommittee on Census, Statistics, and Postal Personnel, held four hearings that included 27 witnesses, focusing particularly on the use of the categories in the 2000 census. (2) At the request of OMB, the National Academy of Sciences' Committee on National Statistics (CNSTAT) conducted a workshop in February 1994 to articulate issues surrounding a review of the categories. The workshop included representatives of Federal agencies, academia, social science research institutions, interest groups, private industry, and a local school district. (A summary of the workshop, Spotlight on Heterogeneity: The Federal Standards for Racial and Ethnic Classification, is available from CNSTAT, 2101 Constitution Avenue, N.W., Washington, D.C. 20418.) (3) On June 9, 1994, OMB published a

Federal Register (59 FR 29831-29835) Notice that contained background information on the development of the current standards and requested public comment on: the adequacy of current racial and ethnic categories; the principles that should govern any proposed revisions to the standards; and specific suggestions for change that had been offered by individuals and interested groups over a period of several years. In response, OMB received nearly 800 letters. As part of this comment period and to bring the review closer to the public, OMB also heard testimony from 94 witnesses at hearings held during July 1994 in Boston, Denver, San Francisco, and Honolulu. (4) In an August 28, 1995, Federal Register (60 FR 44674-44693) Notice, OMB provided an interim report on the review process, including a summary of the comments on the June 1994 Federal Register Notice, and offered a final opportunity for comment on the research to be conducted during 1996. (5) OMB staff have also discussed the review process with various interested groups and have made presentations at numerous meetings.

The second element of the review process involved research and testing of various proposed changes. The categories in OMB's Directive No. 15 are used not only to produce data on the demographic characteristics of the population, but also to monitor civil rights enforcement and program implementation. Research was undertaken to provide an objective assessment of the data quality issues associated with various approaches to collecting data on race and ethnicity. To that end, the Interagency Committee's Research Working Group, co-chaired by the Bureau of the Census and the Bureau of Labor Statistics, reviewed the various criticisms and suggestions for changing the current categories, and developed a research agenda for some of the more significant issues that had been identified. These issues included how to collect data on persons who identify themselves as "multiracial"; whether to combine race and Hispanic origin in one question or have separate questions on race and Hispanic origin; whether to combine the concepts of race, ethnicity, and ancestry; whether to change the terminology used for particular categories; and whether to add new categories to the current minimum set.

Because the mode of data collection can have an effect on how a person responds, the research agenda proposed studies both in surveys using in-person or telephone interviews and in self-administered questionnaires, such as the decennial census, which are filled out by the respondent and mailed back. Cognitive interviews were conducted with various groups to provide guidance on the wording of the questions and the instructions for the tests and studies.

The research agenda included several major national tests, the results of which are discussed throughout the Interagency Committee's Report to the Office of Management and Budget on the Review of Statistical Policy Directive No. 15: (1) In May 1995, the Bureau of Labor Statistics (BLS) sponsored a Supplement on Race and Ethnicity to the Current Population Survey (CPS). The findings were made available in a 1996 report, Testing Methods of Collecting Racial and Ethnic Information: Results of the Current Population Survey Supplement on Race and Ethnicity, available from BLS, 2 Massachusetts Avenue, N.E., Room 4915, Postal Square Building, Washington, D.C. 20212, or by calling 202-606-7375. The results were also summarized in an October 26, 1995, news release, which is available electronically at <<<http://stats.bls.gov/news.release/ethnic.toc.htm>>>. (2) The Bureau of the Census, as part of its research for the 2000 census, tested alternative approaches to collecting data on race and ethnicity in the March 1996 National Content Survey (NCS). The Census Bureau published the results in a December 1996 report, Findings on Questions on Race and Hispanic Origin Tested in the 1996 National Content Survey; highlights of the report are available at <<<http://www.census.gov/population/www/socdemo/96natcontentsurvey.html>>>. (3) In June 1996, the Census Bureau conducted the Race and Ethnic Targeted Test (RAETT), which was designed to permit assessments of the effects of possible changes on smaller populations not reliably measured in national samples, including American Indians, Alaska Natives, detailed Asian and Pacific Islander groups (such as Chinese and Hawaiians), and detailed Hispanic groups (such as Puerto Ricans and Cubans). The Census Bureau released the results in a May 1997 report, Results of the 1996 Race and Ethnic Targeted Test; highlights of the report are available at <<<http://www.census.gov/population/www/documentation/twps-0018.html>>>. Single copies (paper) of the NCS and RAETT reports may be obtained from the Population Division, U.S. Bureau of the Census, Washington, D.C. 20233; telephone 301-457-2402.

In addition to these three major tests, the National Center for Education Statistics (NCES) and the Office for Civil Rights in the Department of Education jointly conducted a survey of 1,000 public schools to determine how schools collect data on the race and ethnicity of their students and how the administrative records containing these data are maintained to meet statutory requirements for reporting aggregate information to the Federal Government. NCES published the results in a March 1996 report, Racial and Ethnic Classifications Used by Public Schools (NCES 96-092). The report is available electronically at <<<http://nces.ed.gov/pubs/96092.html>>>. Single paper copies may be obtained from NCES, 555 New Jersey, NW, Washington, D.C. 20208-5574, or by calling 202-219-1442.

The research agenda also included studies conducted by the National Center for Health Statistics, the Office of the Assistant Secretary for Health, and the Centers for Disease Control and Prevention to evaluate the procedures used and the quality of the information on race and ethnicity in administrative records such as that reported on birth certificates and recorded on death certificates.

On July 9, 1997, OMB published a Federal Register Notice (62 FR 36874 - 36946) containing the Interagency Committee's Report to the Office of Management and Budget on the Review of Statistical Policy Directive No. 15. The Notice made available for comment the Interagency Committee's recommendations for how OMB should revise Directive No. 15. The report consists of six chapters. Chapter 1 provides a brief history of Directive No. 15, a summary of the issues considered by the Interagency Committee, a review of the research activities, and a discussion of the criteria used in conducting the evaluation. Chapter 2 discusses a number of general concerns that need to be addressed when considering any changes to the current standards. Chapters 3 through 5 report the results of the research as they bear on the more significant suggestions OMB received for changes to Directive No. 15. Chapter 6 gives the Interagency's Committee's recommendations concerning the various suggested changes based on a review of public comments and testimony and the research results.

### **C. Summary of Comments Received on the Interagency Committee's Recommendations**

In response to the July 9, 1997, Federal Register Notice, OMB received approximately 300 letters (many of them hand written) on a variety of issues, plus approximately 7000 individually signed and mailed, preprinted postcards on the issue of classifying data on Native Hawaiians, and about 500 individually signed form letters from members of the Hapa Issues Forum in support of adopting the recommendation for multiple race reporting. Some of the 300 letters focused on a single recommendation of particular interest to the writer, while other letters addressed a number of the recommendations. The preponderance of the comments were from individuals. Each comment was considered in preparing OMB's decision.

#### **1. Comments on Recommendations Concerning Reporting More Than One Race**

The Interagency Committee recommended that, when self-identification is used, respondents who wish to identify their mixed racial heritage should be able to mark or select more than one of the racial categories originally specified in Directive No. 15, but that there should not be a "multiracial" category. This recommendation to report multiple races was favorably received by most of those commenting on it, including associations and organizations such as the American Medical Association, the National Education Association, the National Council of La Raza, and the National Committee on Vital and Health Statistics, as well as all Federal agencies that responded. Comments from some organizations, such as the NAACP Legal Defense and Educational Fund, the Lawyers' Committee for Civil Rights Under Law, and the Equal Employment Advisory Council, were receptive to the recommendation on multiple race responses, but expressed reservations pending development of tabulation methods to ensure the utility of these data. The recommendation was also supported by many of the advocacy groups that had earlier supported a "multiracial" (box) category, such as the Association of MultiEthnic Americans and its affiliates nationwide. Several individuals wrote in

support of "multiple race" reporting, basing their comments on a September 1997 article, "What Race Am I?" in *Mademoiselle* magazine, which urged its readers "to express an opinion on whether or not a 'Multiracial' category should be included in all federal record keeping, including the 2000 census." A few comments specifically favoring multiple race responses suggested that respondents should also be asked to indicate their primary racial affiliation in order to facilitate the tabulation of responses. A handful of comments on multiple race reporting suggested that individuals with both Hispanic and non-Hispanic heritages be permitted to mark or select both categories (see discussion below).

A few comments, in particular some from state agencies and legislatures, opposed any multiple race reporting because of possible increased costs to collect the information and implementation problems. Comments from the American Indian tribal governments also were opposed to the recommendation concerning reporting more than one race. A number of the comments that supported multiple race responses also expressed concern about the cost and burden of collecting the information to meet Federal reporting requirements, the schedule for implementation, and how the data would be tabulated to meet the requirements of legislative redistricting and enforcement of the Voting Rights Act. A few comments expressed support for categories called "human," or "American"; several proposed that there be no collection of data on race.

## 2. Comments on Recommendation for Classification of Data on Native Hawaiians

The Interagency Committee recommended that data on Native Hawaiians continue to be classified in the Asian or Pacific Islander category. This recommendation was opposed by the Hawaiian congressional delegation, the 7,000 individuals who signed and sent preprinted yellow postcards, the State of Hawaii departments and legislature, Hawaiian organizations, and other individuals who commented on this recommendation. Instead, the comments from these individuals supported reclassifying Native Hawaiians in the American Indian or Alaska Native category, which they view as an "indigenous peoples" category (although this category has not been considered or portrayed in this manner in the standards). Native Hawaiians, as the descendants of the original inhabitants of what is now the State of Hawaii, believe that as indigenous people they should be classified in the same category as American Indians and Alaska Natives. On the other hand, the American Indian tribal governments have opposed such a reclassification, primarily because they view the data obtained from that category as being essential for administering Federal programs for American Indians. Comments from the Native Hawaiians also noted the Asian or Pacific Islander category provides inadequate data for monitoring the social and economic conditions of Native Hawaiians and other Pacific Islander groups. Because the Interagency Committee had recommended against adding categories to the minimum set of categories, requesting a separate category for Native Hawaiians was not viewed as an option by those who commented.

## 3. Comments on Recommendation Concerning Classification of Data on Central and South American Indians

The Interagency Committee recommended that data for Central and South American Indians be included in the American Indian or Alaska Native category. Several comments from the American Indian community opposed this recommendation. Moreover, comments from some Native Hawaiians pointed out what they believed to be an inconsistency in the Interagency Committee's recommendation to include in the American Indian or Alaska Native category descendants of Central and South American Indians -- persons who are not original peoples of the United States -- if Native Hawaiians were not to be included.

## 4. Comments on Recommendation Not to Add an Arab or Middle Eastern Ethnic Category

The Interagency Committee recommended that an Arab or Middle Eastern ethnic category should not be added to the minimum standards for all reporting of Federal data on race and ethnicity. Several comments were received in support of having a separate category in order to have data viewed as necessary to monitor discrimination against this population.

## 5. Comments on Recommendations for Terminology

Comments on terminology largely supported the Interagency Committee's recommendations to retain the term "American Indian," to change "Hawaiian" to "Native Hawaiian," and to change "Black" to "Black or African American." There were a few requests to include "Latino" in the category name for the Hispanic population.

### D. OMB's Decisions

This section of the Notice provides information on the decisions taken by OMB on the recommendations that were proposed by the Interagency Committee. The Committee's recommendations addressed options for reporting by respondents, formats of questions, and several aspects of specific categories, including possible additions, revised terminology, and changes in definitions. In reviewing OMB's decisions on the recommendations for collecting data on race and ethnicity, it is useful to remember that these decisions:

retain the concept that the standards provide a minimum set of categories for data on race and ethnicity;

permit the collection of more detailed information on population groups provided that any additional categories can be aggregated into the minimum standard set of categories;

underscore that self-identification is the preferred means of obtaining information about an individual's race and ethnicity, except in instances where observer identification is more practical (e.g., completing a death certificate);

do not identify or designate certain population groups as "minority groups";

continue the policy that the categories are not to be used for determining the eligibility of population groups for participation in any Federal programs;

do not establish criteria or qualifications (such as blood quantum levels) that are to be used in determining a particular individual's racial or ethnic classification; and

do not tell an individual who he or she is, or specify how an individual should classify himself or herself.

In arriving at its decisions, OMB took into account not only the public comment on the recommendations published in the Federal Register on July 9, 1997, but also the considerable amount of information provided during the four years of this review process, including public comments gathered from hearings and responses to two earlier OMB Notices (on June 9, 1994, and August 28, 1995). The OMB decisions benefited greatly from the participation of the public that served as a constant reminder that there are real people represented by the data on race and ethnicity and that this is for many a deeply personal issue. In addition, the OMB decisions benefited from the results of the research and testing on how individuals identify themselves that was undertaken as part of this review process. This research, including several national tests of alternative approaches to collecting data on race and ethnicity, was developed and conducted by the professional statisticians and analysts at several Federal agencies. They are to be commended for their perseverance, dedication, and professional commitment to this challenging project.

OMB also considered in reaching its decisions the extent to which the recommendations were consistent with the set of principles (see Section B of the Supplementary Information) developed by the Interagency Committee to guide the review of this sensitive and substantively complex issue. OMB believes that the Interagency Committee's recommendations took into account the principles

and achieved a reasonable balance with respect to statistical issues, data needs, social concerns, and the personal dimensions of racial and ethnic identification. OMB also finds that the Committee's recommendations are consistent with the principal objective of the review, which is to enhance the accuracy of the demographic information collected by the Federal Government by having categories for data on race and ethnicity that will enable the capture of information about the increasing diversity of our Nation's population while at the same time respecting each individual's dignity.

As indicated in detail below, OMB accepts the Interagency Committee's recommendations concerning reporting more than one race, including the recommendation that there be no category called "multiracial," the formats and sequencing of the questions on race and Hispanic origin, and most of the changes to terminology.

OMB does not accept the Interagency Committee's recommendations concerning the classification of data on the Native Hawaiian population and the terminology for Hispanics, and it has instead decided to make the changes that follow.

Native Hawaiian classification.--OMB does not accept the recommendation concerning the continued classification of Hawaiians in the Asian or Pacific Islander category. Instead, OMB has decided to break apart the Asian or Pacific Islander category into two categories -- one called "Asian" and the other called "Native Hawaiian or Other Pacific Islander." As a result, there will be five categories in the minimum set for data on race.

The "Native Hawaiian or Other Pacific Islander" category will be defined as "A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands." (The term "Native Hawaiian" does not include individuals who are native to the State of Hawaii by virtue of being born there.) In addition to Native Hawaiians, Guamanians, and Samoans, this category would include the following Pacific Islander groups reported in the 1990 census: Carolinian, Fijian, Kosraean, Melanesian, Micronesian, Northern Mariana Islander, Palauan, Papua New Guinean, Ponapean (Pohnpelan), Polynesian, Solomon Islander, Tahitian, Tarawa Islander, Tokelauan, Tongan, Trukese (Chuukese), and Yapese.

The "Asian" category will be defined as "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."

The Native Hawaiians presented compelling arguments that the standards must facilitate the production of data to describe their social and economic situation and to monitor discrimination against Native Hawaiians in housing, education, employment, and other areas. Under the current standards for data on race and ethnicity, Native Hawaiians comprise about three percent of the Asian and Pacific Islander population. By creating separate categories, the data on the Native Hawaiians and other Pacific Islander groups will no longer be overwhelmed by the aggregate data of the much larger Asian groups. Native Hawaiians will comprise about 60 percent of the new category.

The Asian, Native Hawaiian, and Pacific Islander population groups are well defined; moreover, there has been experience with reporting in separate categories for the Native Hawaiian and Pacific Islander population groups. The 1990 census included "Hawaiian," "Samoan," and "Guamanian" as response categories to the race question. In addition, two of the major tests conducted as part of the current review (the NCS and the RAETT) used "Hawaiian" and/or "Native Hawaiian," "Samoan," "Guamanian," and "Guamanian or Chamorro" as response options to the race question. These factors facilitate breaking apart the current category.

Terminology for Hispanics.--OMB does not accept the recommendation to retain the single term "Hispanic." Instead, OMB has decided that the term should be "Hispanic or Latino." Because regional usage of the terms differs -- Hispanic is commonly used in the eastern portion of the United States, whereas Latino is commonly used in the western portion -- this change may contribute to improved

The OMB decisions on the Interagency Committee's specific recommendations are presented below:

**(1) OMB accepts the following recommendations concerning reporting more than one race:**

When self-identification is used, a method for reporting more than one race should be adopted.

The method for respondents to report more than one race should take the form of multiple responses to a single question and **not** a "multiracial" category.

When a list of races is provided to respondents, the list should not contain a "multiracial" category.

Based on research conducted so far, two recommended forms for the instruction accompanying the multiple response question are "Mark one or more ..." and "Select one or more...."

If the criteria for data quality and confidentiality are met, provision should be made to report, at a minimum, the number of individuals identifying with more than one race. Data producers are encouraged to provide greater detail about the distribution of multiple responses.

The new standards will be used in the decennial census, and other data producers should conform as soon as possible, but not later than January 1, 2003.

**(2) OMB accepts the following recommendations concerning a combined race and Hispanic ethnicity question:**

When self-identification is used, the two question format should be used, with the race question allowing the reporting of more than one race.

When self-identification is not feasible or appropriate, a combined question can be used and should include a separate Hispanic category co-equal with the other categories.

When the combined question is used, an attempt should be made, when appropriate, to record ethnicity and race or multiple races, but the option to indicate only one category is acceptable.

**(3) OMB accepts the following recommendations concerning the retention of both reporting formats:**

The two question format should be used in all cases involving self-identification.

The current combined question format should be changed and replaced with a new format which includes a co-equal Hispanic category for use, if necessary, in observer identification.

**(4) OMB accepts the following recommendation concerning the ordering of the Hispanic origin and race questions:**

When the two question format is used, the Hispanic origin question should precede the race question.

**(5) OMB accepts the following recommendation concerning adding Cape Verdean as an ethnic category:**

A Cape Verdean ethnic category should not be added to the minimum data collection standards.

**(6) OMB accepts the following recommendation concerning the addition of an Arab or Middle**

**Eastern ethnic category:**

An Arab or Middle Eastern ethnic category should not be added to the minimum data standards.

**(7) OMB interprets the recommendation not to add any other categories to mean the expansion of the minimum set to include new population groups. The OMB decision to break apart the "Asian or Pacific Islander" category does not create a category for a new population group.**

**(8) OMB accepts the following recommendation concerning changing the term "American Indian" to "Native American":**

The term American Indian should not be changed to Native American.

**(9) OMB accepts the following recommendation concerning changing the term "Hawaiian" to "Native Hawaiian":**

The term "Hawaiian" should be changed to "Native Hawaiian."

**(10) OMB does not accept the recommendation concerning the continued classification of Native Hawaiians in the Asian or Pacific Islander category.**

OMB has decided to break apart the Asian or Pacific Islander category into two categories -- one called "Asian" and the other called "Native Hawaiian or Other Pacific Islander." As a result, there are five categories in the minimum set for data on race.

The "Native Hawaiian or Other Pacific Islander" category is defined as "A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands."

The "Asian" category is defined as "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."

**(11) OMB accepts the following recommendations concerning the use of "Alaska Native" instead of "Eskimo" and "Aleut":**

"Alaska Native" should replace the term "Alaskan Native."

Alaska Native should be used instead of Eskimo and Aleut.

The Alaska Native response option should be accompanied by a request for tribal affiliation when possible.

**(12) OMB accepts the following recommendations concerning the classification of Central and South American Indians:**

Central and South American Indians should be classified as American Indian.

The definition of the "American Indian or Alaska Native" category should be modified to include the original peoples from Central and South America.

In addition, OMB has decided to make the definition for the American Indian or Alaska Native category more consistent with the definitions of the other categories.

**(13) OMB accepts the following recommendations concerning the term or terms to be used for**



**the name of the Black category:**

The name of the Black category should be changed to "Black or African American."

The category definition should remain unchanged.

Additional terms, such as Haitian or Negro, can be used if desired.

**(14) OMB decided to modify the recommendations concerning the term or terms to be used for Hispanic:**

The term used should be "Hispanic or Latino."

The definition of the category should remain unchanged.

In addition, the term "Spanish Origin," can be used if desired.

Accordingly, the Office of Management and Budget adopts and issues the revised minimum standards for Federal data on race and ethnicity for major population groups in the United States which are set forth at the end of this Notice.

**Topics for further research**

There are two areas where OMB accepts the Interagency Committee's recommendations but believes that further research is needed: (1) multiple responses to the Hispanic origin question and (2) an ethnic category for Arabs/Middle Easterners.

Multiple Responses to the Hispanic Origin Question.--The Interagency Committee recommended that respondents to Federal data collections should be permitted to report more than one race. During the most recent public comment process, a few comments suggested that the concept of "marking more than one box" should be extended to the Hispanic origin question. Respondents are now asked to indicate if they are "of Hispanic origin" or "not of Hispanic origin." Allowing individuals to select more than one response to the ethnicity question would provide the opportunity to indicate ethnic heritage that is both Hispanic and non-Hispanic.

The term "Hispanic" refers to persons who trace their origin or descent to Mexico, Puerto Rico, Cuba, Central and South America, and other Spanish cultures. While there has been considerable public concern about the need to review Directive No. 15 with respect to classifying individuals of mixed racial heritage, there has been little comment on reporting both an Hispanic and a non-Hispanic origin. On many Federal forms, Hispanics can also express a racial identity on a separate race question. In the decennial census, individuals who consider themselves part Hispanic can also indicate additional heritages in the ancestry question.

On one hand, it can be argued that allowing individuals to mark both categories in the Hispanic origin question would parallel the instruction "to mark (or select) one or more" racial categories. Individuals would not have to choose between their parents' ethnic heritages, and movement toward an increasingly diverse society would be recognized.

On the other hand, because the matter of multiple responses to the Hispanic ethnicity question was not raised in the early phases of the public comment process, no explicit provisions were made for testing this approach in the research conducted to inform the review of Directive No. 15. While a considerable amount of research was focused on how to improve the response rate to the Hispanic origin question, it is unclear whether and to what extent explicitly permitting multiple responses to the Hispanic origin question would affect nonresponse to the race question or hamper obtaining more

Information on the possible impact of any changes on the quality of the data has been an essential element of the review. While the effects of changes in the Hispanic origin question are unknown, they could conceivably be substantial. Thus, OMB has decided not to include a provision in the standards that would explicitly permit respondents to select both "Hispanic origin" and "Not of Hispanic Origin" options. OMB believes that this is an item for future research. In the meantime, the ancestry question on the decennial census long form does provide respondents who consider themselves part Hispanic to write in additional heritages.

Research on an Arab/Middle Easterner category.--During the public comment process, OMB received a number of requests to add an ethnic category for Arabs/Middle Easterners so that data could be obtained that could be useful in monitoring discrimination. The public comment process indicated, however, that there was no agreement on a definition for this category. The combined race, Hispanic origin, and ancestry question in the RAETT, which was designed to address requests that were received from groups for establishing separate categories, did not provide a solution.

While OMB accepted the Interagency's Committee recommendation not to create a new category for this population group, OMB believes that further research should be done to determine the best way to improve data on this population group. Meanwhile, the write-ins to the ancestry question on the decennial census long form will continue to provide information on the number of individuals who identify their heritage as Arab or Middle Easterner.

## **E. Tabulation Issues**

The revised standards retain the concept of a minimum set of categories for Federal data on race and ethnicity and make possible at the same time the collection of data to reflect the diversity of our Nation's population. Since the Interagency Committee's recommendation concerning the reporting of more than one race was made available for public comment, the focus of attention has been largely on how the data would be tabulated. Because of the concerns expressed about tabulation methods and our own view of the importance of this issue, OMB committed to accelerate the work on tabulation issues when it testified in July 1997 on the Interagency Committee's recommendations.

A group of statistical and policy analysts drawn from the Federal agencies that generate or use these data has spent the past few months considering the tabulation issues. Although this work is still in its early stages, some preliminary guidance can be shared at this time. In general, OMB believes that, consistent with criteria for confidentiality and data quality, the tabulation procedures used by the agencies should result in the production of as much detailed information on race and ethnicity as possible.

Guidelines for tabulation ultimately must meet the needs of at least two groups within the Federal Government, with the overriding objective of providing the most accurate and informative body of data. The first group is composed of those government officials charged with carrying out constitutional and legislative mandates, such as redistricting legislatures, enforcing civil rights laws, and monitoring progress in anti-discrimination programs. (The legislative redistricting file produced by the Bureau of the Census, also known as the Public Law 94-171 file, is an example of a file meeting such legislative needs.) The second group consists of the staff of statistical agencies producing and analyzing data that are used to monitor economic and social conditions and trends.

Many of the needs of the first group can be met with an initial tabulation that provides, consistent with standards for data quality and confidentiality, the full detail of racial reporting; that is, the number of people reporting in each single race category and the number reporting each of the possible combinations of races, which would add to the total population. Depending on the judgment of users, the combinations of multiple responses could be collapsed. One method would be to provide separate totals for those reporting in the most common multiple race combinations and to collapse the data for

other less frequently reported combinations. The specifics of the collapsed distributions must await the results of particular data collections. A second method would be to report the total selecting each particular race, whether alone or in combination with other races. These totals would represent upper bounds on the size of the populations who identified with each of the racial categories. In some cases, this latter method could be used for comparing data collected under the old standards with data collected under the new standards. It is important that users with the same or closely related responsibilities adopt the same tabulation method. Regardless of the method chosen for collapsing multiple race responses, the total number reporting more than one race must be made available, if confidentiality and data quality requirements can be met, in order to ensure that any changes in response patterns resulting from the new standards can be monitored over time.

Meeting the needs of the second group (those producing and analyzing statistical data to monitor economic and social conditions and trends), as well as some additional needs of the first group, may require different tabulation procedures. More research must be completed before guidelines that will meet the requirements of these users can be developed. A group of statistical and policy experts will review a number of alternative procedures and provide recommendations to OMB concerning these tabulation requirements by Spring 1998. Four of the areas in which further exploration is needed are outlined below.

Equal employment opportunity and other anti-discrimination programs have traditionally provided the numbers of people in the population by selected characteristics, including racial categories, for business, academic, and government organizations to use in evaluating conformance with program objectives. Because of the potentially large number of categories that may result from application of the new standards, many with very small numbers, it is not clear how this need for data will be best satisfied in the future.

The numbers of people in distinct groups based on decennial census results are used in developing sample designs and survey controls for major demographic surveys. For example, the National Health Interview Survey uses census data to increase samples for certain population groups, adjust for survey non-response, and provide weights for estimating health outcomes at the national level. The impact of having data for many small population groups with multiple racial heritages must be explored.

Vital statistics data include birth and death rates for various population groups. Typically the numerator (number of births or deaths) is derived from administrative records, while the denominator comes from intercensal population estimates. Birth certificate data on race are likely to have been self reported by the mother. Over time, these data may become comparable to data collected under the new standards. Death certificate data, however, frequently are filled out by an observer, such as a mortician, physician, or funeral director. These data, particularly for the population with multiple racial heritages, are likely to be quite different from the information obtained when respondents report about themselves. Research to define comparable categories to be used in both numerators and denominators is needed to assure that vital statistics are as accurate and useful as possible.

More generally, statistical indicators are often used to measure change over time. Procedures that will permit meaningful comparisons of data collected under the previous standards with those that will be collected under the new standards need to be developed.

The methodology for tabulating data on race and ethnicity must be carefully developed and coordinated among the statistical agencies and other Federal data users. Moreover, just as OMB's review and decision processes have benefited during the past four years from extensive public participation, we expect to discuss tabulation methods with data users within and outside the Federal Government. OMB expects to issue additional guidance with respect to tabulating data on race and ethnicity by Fall 1998.

**Sally Katzen**

*Administrator, Office of Information and Regulatory Affairs.*

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## **Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity**

This classification provides a minimum standard for maintaining, collecting, and presenting data on race and ethnicity for all Federal reporting purposes. The categories in this classification are social-political constructs and should not be interpreted as being scientific or anthropological in nature. They are not to be used as determinants of eligibility for participation in any Federal program. The standards have been developed to provide a common language for uniformity and comparability in the collection and use of data on race and ethnicity by Federal agencies.

The standards have five categories for data on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. There are two categories for data on ethnicity: "Hispanic or Latino," and "Not Hispanic or Latino."

### **1. Categories and Definitions**

The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting are defined as follows:

-- **American Indian or 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 or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

-- **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, Cuban, 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."

-- **Native Hawaiian or 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.

Respondents shall be offered the option of selecting one or more racial designations. Recommended forms for the instruction accompanying the multiple response question are "Mark one or more" and "Select one or more."

### **2. Data Formats**

The standards provide two formats that may be used for data on race and ethnicity. Self-reporting or self-identification using two separate questions is the preferred method for collecting data on race and ethnicity. In situations where self-reporting is not practicable or feasible, the combined format may be used.

In no case shall the provisions of the standards be construed to limit the collection of data to the categories described above. The collection of greater detail is encouraged; however, any collection that uses more detail shall be organized in such a way that the additional categories can be aggregated into these minimum categories for data on race and ethnicity.

With respect to tabulation, the procedures used by Federal agencies shall result in the production of as much detailed information on race and ethnicity as possible. However, Federal agencies shall not present data on detailed categories if doing so would compromise data quality or confidentiality standards.

**a. Two-question format**

To provide flexibility and ensure data quality, separate questions shall be used wherever feasible for reporting race and ethnicity. When race and ethnicity are collected separately, ethnicity shall be collected first. If race and ethnicity are collected separately, the minimum designations are:

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

When data on race and ethnicity are collected separately, provision shall be made to report the number of respondents in each racial category who are Hispanic or Latino.

When aggregate data are presented, data producers shall provide the number of respondents who marked (or selected) only one category, separately for each of the five racial categories. In addition to these numbers, data producers are strongly encouraged to provide the detailed distributions, including all possible combinations, of multiple responses to the race question. If data on multiple responses are collapsed, at a minimum the total number of respondents reporting "more than one race" shall be made available.

**b. Combined format**

The combined format may be used, if necessary, for observer-collected data on race and ethnicity. Both race (including multiple responses) and ethnicity shall be collected when appropriate and feasible, although the selection of one category in the combined format is acceptable. If a combined format is used, there are six minimum categories:

- American Indian or Alaska Native

- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

When aggregate data are presented, data producers shall provide the number of respondents who marked (or selected) only one category, separately for each of the six categories. In addition to these numbers, data producers are strongly encouraged to provide the detailed distributions, including all possible combinations, of multiple responses. In cases where data on multiple responses are collapsed, the total number of respondents reporting "Hispanic or Latino and one or more races" and the total number of respondents reporting "more than one race" (regardless of ethnicity) shall be provided.

### **3. Use of the Standards for Record Keeping and Reporting**

The minimum standard categories shall be used for reporting as follows:

#### **a. Statistical reporting**

These standards shall be used at a minimum for all federally sponsored statistical data collections that include data on race and/or ethnicity, except when the collection involves a sample of such size that the data on the smaller categories would be unreliable, or when the collection effort focuses on a specific racial or ethnic group. Any other variation will have to be specifically authorized by the Office of Management and Budget (OMB) through the information collection clearance process. In those cases where the data collection is not subject to the information collection clearance process, a direct request for a variance shall be made to OMB.

#### **b. General program administrative and grant reporting**

These standards shall be used for all Federal administrative reporting or record keeping requirements that include data on race and ethnicity. Agencies that cannot follow these standards must request a variance from OMB. Variances will be considered if the agency can demonstrate that it is not reasonable for the primary reporter to determine racial or ethnic background in terms of the specified categories, that determination of racial or ethnic background is not critical to the administration of the program in question, or that the specific program is directed to only one or a limited number of racial or ethnic groups.

#### **c. Civil rights and other compliance reporting**

These standards shall be used by all Federal agencies in either the separate or combined format for civil rights and other compliance reporting from the public and private sectors and all levels of government. Any variation requiring less detailed data or data which cannot be aggregated into the basic categories must be specifically approved by OMB for executive agencies. More detailed reporting which can be aggregated to the basic categories may be used at the agencies' discretion.

### **4. Presentation of Data on Race and Ethnicity**

Displays of statistical, administrative, and compliance data on race and ethnicity shall use the categories listed above. The term "nonwhite" is not acceptable for use in the presentation of Federal

In cases where the standard categories are considered inappropriate for presentation of data on particular programs or for particular regional areas, the sponsoring agency may use:

- a. The designations "Black or African American and Other Races" or "All Other Races" as collective descriptions of minority races when the most summary distinction between the majority and minority races is appropriate;
- b. The designations "White," "Black or African American," and "All Other Races" when the distinction among the majority race, the principal minority race, and other races is appropriate; or
- c. The designation of a particular minority race or races, and the inclusion of "Whites" with "All Other Races" when such a collective description is appropriate.

In displaying detailed information that represents a combination of race and ethnicity, the description of the data being displayed shall clearly indicate that both bases of classification are being used.

When the primary focus of a report is on two or more specific identifiable groups in the population, one or more of which is racial or ethnic, it is acceptable to display data for each of the particular groups separately and to describe data relating to the remainder of the population by an appropriate collective description.

## **5. Effective Date**

The provisions of these standards are effective immediately for all new and revised record keeping or reporting requirements that include racial and/or ethnic information. All existing record keeping or reporting requirements shall be made consistent with these standards at the time they are submitted for extension, or not later than January 1, 2003.

[Read our Privacy Policy](#)

## **APPENDIX C**

### **Background Section, Draft Provisional Guidance on the Implementation of the 1997 Standards for the Collection of Race and Ethnicity**



EXECUTIVE OFFICE OF THE PRESIDENT  
OFFICE OF MANAGEMENT AND BUDGET  
WASHINGTON, D.C. 20503

February 17, 1999

DRAFT PROVISIONAL GUIDANCE  
ON THE IMPLEMENTATION OF THE 1997 STANDARDS  
FOR THE COLLECTION OF FEDERAL DATA ON RACE AND ETHNICITY

NOTE FOR READERS

As a follow-on to OMB's October 1997 announcement of revised government-wide standards for the collection of data on race and ethnicity, the Tabulation Working Group of the Interagency Committee for the Review of Standards for Data on Race and Ethnicity has recently issued a report, "Draft Provisional Guidance on the Implementation of the 1997 Standards for the Collection of Federal Data on Race and Ethnicity." This guidance, which has been developed with the involvement of many Federal agencies, essentially was requested by those agencies and the many users of data on race and ethnicity.

The guidance focuses on three areas: collecting data using the new standards, tabulating data collected under the new standards, and building bridges to compare data collected under the new and the old standards. At this juncture, the guidance is often in the form of alternatives for discussion rather than recommendations for implementation. In many areas work is ongoing, and the guidance will be amended as additional research and analyses are completed.

At this juncture, we are seeking broader comment on the guidance. In keeping with the process that guided review and revision of the standards for data on race and ethnicity, we are looking forward to an open dialogue on this draft provisional guidance. Following a two month period for discussion by stakeholders within and outside government, we expect to issue provisional guidance at the end of April. We expect the guidance issued at that time will evolve further as data from Census 2000 and other data collections employing the new collection standards become available.

We look forward to your review and comments, and welcome your questions.

Katherine K. Wallman  
Chief Statistician

**DRAFT**  
**PROVISIONAL GUIDANCE**  
**ON THE**  
**IMPLEMENTATION**  
**OF THE 1997 STANDARDS FOR**  
**FEDERAL DATA ON RACE AND ETHNICITY**

Prepared By

Tabulation Working Group  
Interagency Committee for the Review of Standards for  
Data on Race and Ethnicity

February 17, 1999

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# **DRAFT PROVISIONAL GUIDANCE ON THE IMPLEMENTATION OF THE 1997 STANDARDS FOR FEDERAL DATA ON RACE AND ETHNICITY**

**Prepared by**

**Tabulation Working Group  
Interagency Committee for the Review of Standards for  
Data on Race and Ethnicity**

The guidance presented in this report has been developed to complement the Federal Government's decision in October 1997 to provide an opportunity for individuals to select one or more races when responding to agency requests for data on race and ethnicity. To foster comparability across data collections carried out by various agencies, it is useful for those agencies to report responses of more than one race using some standardized tabulations or formats.

The report briefly explains why the tabulation guidelines are needed, reviews the general guidance issued when the new standards were adopted in October 1997, and provides information on the criteria used in developing the guidelines. This report also addresses a larger set of implementation questions that have emerged during the working group's deliberations. Thus, the report considers:

- Collecting data on race and ethnicity using the new standards, including aggregate data reporting,
- Tabulating Census 2000 data and data on race and ethnicity collected in surveys and from administrative records,
- Using data on race and ethnicity in applications such as legislative redistricting and equal employment opportunity monitoring, and
- Comparing data under the old and the new standards when conducting analyses.

In addition, the appendices to the draft report contain the full text of the reports on the research that has been conducted in two areas: best procedural practices for implementing the new standards, and approaches for bridging between data collected under the old standards and data collected under the new standards.

The guidelines are necessarily provisional pending the availability of data from Census 2000 and other data systems as the new standards are implemented. They are likely to be reviewed and refined as Federal agencies and others gain experience with data collected under the new

standards. In addition, in some portions of this report, guidelines have not yet been determined. Instead, options are presented and guidelines in these areas will be issued at a later date.

OMB expects to issue this provisional guidance by the end of April 1999, following a period of public discussion of this draft by interested users. As noted in the Table of Contents and the report, a few sections are still "under development" and will be available for review at a later time.

## I. BACKGROUND

This part of the report discusses why guidance is needed for tabulating data collected using the 1997 standards, reiterates the general guidance issued in October 1997, provides clarification of several aspects of the new standards, and presents the criteria that were developed for evaluating bridging methods and presenting data.

### A. The Need for Tabulation Guidelines and Alternative Approaches

On October 30, 1997, the Office of Management and Budget (OMB) published "Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity" (Federal Register, 62 FR 58781 - 58790), which are reprinted in Appendix A. The new standards reflect a change in data collection policy, making it possible for Federal agencies to collect information that reflects the increasing diversity of our Nation's population stemming from growth in interracial marriages and immigration. Under the new policy, agencies are now required to offer respondents the option of selecting one or more of the following five racial categories included in the updated standards:

- **American Indian or 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 or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- **Native Hawaiian or 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.

These five categories are the minimum set for data on race for Federal statistics, program administrative reporting, and civil rights compliance reporting.

With respect to ethnicity, the standards provide for the collection of data on whether or not a person is of "Hispanic or Latino" culture or origin. (The standards do not permit a multiple response that would indicate an ethnic heritage that is both Hispanic or Latino and non-Hispanic or Latino.) This category is defined as follows:

- **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."

As a result of the change in policy for collecting data on race, the reporting categories used to present these data must similarly reflect this change. In keeping with the spirit of the new standards, agencies cannot collect multiple responses and then report and publish data using only the five single race categories. Agencies are expected to provide as much detail as possible on the multiple race responses, consistent with agency confidentiality and data quality procedures. As provided by the standards, OMB will consider any agency variances to this policy on a case by case basis.

Based on research to date, it is estimated that less than two percent of the Nation's total population is likely to identify with more than one race. This percentage may increase as those who identify with more than one racial heritage become aware of the opportunity to report more than one race. In the early years of the standards' implementation, there will be issues of data quality and confidentiality related to sample size that may restrict the amount of data that can be published for some combinations of multiple race responses. Over time, however, the size of these data cells may increase. It should be noted that such data quality and confidentiality problems for small population groups also existed under the old standards, where sample sizes prevented presentation of data on certain population groups such as American Indians. The possible multiple race combinations under the new standards, some with small data cells, serve to make such data quality concerns more apparent. Some balance will need to be struck between having a tabulation showing the full distribution of all possible combinations of multiple race responses and presenting only the minimum -- that is, a single aggregate of people who reported more than one race.

## **B. General Guidelines for Tabulating Data on Race**

In response to concerns that had been raised about how Federal agencies would tabulate multiple race responses, OMB in the October 30, 1997, Federal Register notice issued the following general guidance:

- Consistent with criteria for confidentiality and data quality, the tabulation procedures used by the agencies should result in the production of as much detailed information on race and ethnicity as possible.
- Guidelines for tabulation ultimately must meet the needs of at least two groups within the Federal Government, with the overriding objective of providing the most accurate and informative body of data.
  - (1) The first group is composed of those Federal Government officials charged with carrying out constitutional and legislative mandates, such as redistricting

legislatures, enforcing civil rights laws, and monitoring progress in anti-discrimination programs. (The legislative redistricting file produced by the Bureau of the Census, also known as the Public Law 94-171 file, is an example of a file meeting such legislative needs.)

- (2) The second group consists of the staff of Federal statistical agencies producing and analyzing data that are used to monitor economic and social conditions and trends.
- Many of the needs of the first group can be met with an initial tabulation that provides, consistent with standards for data quality and confidentiality, the full detail of racial reporting; that is, the number of people reporting in each single race category and the number reporting in each of the possible combinations of races, which would add to the total population.
  - Depending on the judgment of users, the combinations of multiple responses could be collapsed.
    - (1) One method would be to provide separate totals for those reporting in the most common multiple race combinations and to collapse the data for other less frequently reported combinations. The specifics of the collapsed distributions would be dependent on the results of particular data collections.
    - (2) A second method would be to report the total selecting each particular race, whether alone or in combination with other races. These totals would represent upper bounds on the size of the populations who identified with each of the racial categories. In some cases, this latter method could be used for comparing data collected under the old standards with data collected under the new standards.
  - It is important that Federal agencies with the same or closely related responsibilities adopt the same tabulation method.
  - Regardless of the method chosen for collapsing multiple race responses, Federal agencies must make available the total number reporting more than one race, if confidentiality and data quality requirements can be met, in order to ensure that any changes in response patterns resulting from the new standards can be monitored over time.
  - Different tabulation procedures might be required to meet various needs of Federal agencies for data on race. Nevertheless, Federal agencies often need to compare racial and ethnic data. Hence, some standardization of tabulation categories for reporting data on race is desirable to facilitate such comparisons.

The October 30, 1997, Federal Register Notice identified four areas where further research was needed in how to tabulate data under the new standards:



- (1) How should the data be used to evaluate conformance with program objectives in the area of equal employment opportunity and other anti-discrimination programs?
- (2) How should the decennial census data for many small population groups with multiple racial heritages be used to develop sample designs and survey controls for major demographic surveys?
- (3) How do we introduce the use of the new standards in the vital statistics program which obtains the number of births or deaths from administrative records, but uses intercensal population estimates in determining the rates of births and deaths?
- (4) And more generally, how can we conduct meaningful comparisons of data collected under the previous standards with those that will be collected under the new standards?

In order to address these and other issues and to ensure that tabulation methodologies would be carefully developed and coordinated among the Federal agencies, OMB assembled a group of statistical and policy analysts drawn from the Federal agencies that generate or use these data. Over the past year, this group has considered tabulation issues and developed the draft provisional guidance that is presented in this report for use by Federal agencies. The work of this group has included: (1) a review of Federal data needs and uses to ensure that the tabulation guidelines produce data that meet statutory and program requirements; (2) cognitive testing of the wording of questions; (3) development of a form for reporting aggregate data; (4) evaluation of different methods of bridging from the new to the old standards; and (5) development of guidelines for presenting data on multiple race responses that meet accepted data quality and confidentiality standards.

The tabulation guidance in this report is necessarily provisional pending the availability of Census 2000 data and other data systems as the new collection standards are implemented. These guidelines will be reviewed and modified as the agencies and other data users gain experience with data collected using the new standards.

### **C. Points of Clarification Regarding the 1997 Standards**

A few questions about the new standards have emerged over the past year. This section elaborates on several points in the standards that have been a source of confusion for some users.

Under the new standards, "Hispanic or Latino" is clearly designated as an ethnicity and not as a race. Whether or not an individual is Hispanic, every effort should be made to ascertain the race or races with which an individual identifies.

The two-question format, with the ethnicity question preceding the race question, should be used when information is collected through self-identification. Although the standards permit the use

of a combined question when collecting data by observer identification, **the use of the two-question format is strongly encouraged even where observer identification is used**. Regardless of the question format, observers are expected to attempt to identify the individual's race(s).

The standards require that at a minimum the total number of persons identifying with more than one race be reported. It is stressed that this is a **minimum**; agencies are strongly encouraged to report detailed information on specific racial combinations subject to constraints of data reliability and confidentiality standards.

The following wording concerning the reporting of data when the combined question is used is clarified in the paragraph below:

“In cases where data on multiple responses are collapsed, the total number of respondents reporting ‘Hispanic or Latino and one or more races’ and the total number of respondents reporting ‘more than one race’ (regardless of ethnicity) shall be provided.” (Section 2b of the standards)

Race by ethnicity always should be reported when confidentiality permits. If not, the first level of collapsing should be ethnicity by the single races and ethnicity for those reporting more than one race. Thus, an Hispanic or Latino respondent reporting one race should be reported both as Hispanic or Latino and as a member of that single race. If the respondent selects more than one race, he or she should be reported in the particular racial combination as well as in the Hispanic or Latino category. Reporting a composite -- that is, the number of people who responded “Hispanic or Latino” and more than one race -- is a **minimum** that only should be used if more detailed reporting would violate data reliability and confidentiality standards.

The rules discussed in Section 4 of the new standards concerning the presentation of data on race and ethnicity **under special circumstances** are not to be invoked unilaterally by an agency. If the agency believes the standard categories are inappropriate, the agency must request a specific variance from OMB.

The new standards do not include an “other race” category. For the sole purpose of the Census 2000 data collection, OMB has granted an exception to the Census Bureau to use a category called “Some Other Race.”

#### **D. Criteria Used in Developing the Tabulation Guidelines**

The interagency expert group on tabulations generated criteria that could be used both to evaluate the technical merits of different bridging procedures (See Part V and Appendix D) and to display data under the new standards. The relative importance of each criterion will depend on the purpose for which the data are intended to be used. For example, in the case of bridging to the past, the most important criterion is “measuring change over time,” while “congruence with

respect to respondent's choice" will be more critical for presenting data under the new standards.

The criteria set forth below are designed only to assess the technical adequacy of the various statistical procedures. The first two criteria listed below are central to consideration of bridging methods. The next six criteria apply both to bridging and long-term tabulation decisions. The last criterion is of primary importance for future tabulations of data collected under the new standards.

Bridging:

**Measure change over time** This is the most important criterion for bridging, because the major purpose of any historical bridge will be to measure true change over time as distinct from methodologically induced change. The ideal bridging method, under this criterion, would be one that matches how the respondent would have responded under the old standards had that been possible. In this ideal situation, differences between the new distribution and the old distribution would reflect true change in the distribution itself.

**Minimize disruptions to the single race distribution** This criterion applies only to methods for bridging. Its purpose is to consider how different the resulting bridge distribution is from the single-race distribution for detailed race under the new standards. To the extent that a bridging method can meet the other criteria and still not differ substantially from the single-race proportion in the ongoing distribution, it will facilitate looking both forward and backward in time.

Bridging and future tabulations:

**Range of applicability.** Because the purpose of the guidelines is to foster consistency across agencies in tabulating racial and ethnic data, tabulation procedures that can be used in a wide range of programs and varied contexts are usually preferable to those that have more limited applicability.

**Meet confidentiality and reliability standards** It is essential that the tabulations maintain the confidentiality standards of the statistical organization while producing reliable estimates.

**Statistically defensible.** Because tabulations may be published by statistical agencies and/or provided in public use data, the recommended tabulation procedures should follow recognized statistical practices.

**Ease of use.** Because the tabulation procedures are likely to be used in a wide variety of situations by many different people, it is important that they can be implemented with a minimum of operational difficulty. Thus, the tabulation procedures must be capable of being easily replicated by others.

**Skill required.** Similarly, it is important that the tabulation procedures can be implemented by individuals with relatively little statistical knowledge.

**Understandability and communicability.** Again, because the tabulation procedures will likely be used, as well as presented, in a wide variety of situations by many different people, it is important that they be easily explainable to the public.

Future tabulations:

**Congruence with respondent's choice** Because of changes in the categories and the respondent instructions accompanying the question on race (allowing more than one category to be selected), the underlying logic of the tabulation procedures must reflect to the greatest extent possible the full detail of race reporting.

## **II. COLLECTING DATA ON RACE AND ETHNICITY USING THE NEW STANDARDS**

This part of the report currently provides a summary of the Phase I Report on Procedural Implementation of the New Standards for Data on Race and Ethnicity, which is contained in Appendix B.

### **A. Developing Procedures for Data Collection**

An interagency committee has been continuing past research efforts to develop procedures to collect and aggregate data on race and ethnicity. This research is designed to produce guidelines that address three areas: (1) wording and format of questions that ask for self-reported data on race and Hispanic or Latino origin; (2) wording and format of instructions and forms that collect aggregate data on race and Hispanic or Latino origin; and (3) instructions and training procedures for field interviewers and administrative personnel who will be using these questions and forms. Guidelines will be continually reviewed and modified as implementation of the new standards occurs, feedback from agencies is received, and new research findings become available.

Members of the procedures committee represent the Departments of Health and Human Services, Commerce, Education, Labor, and Veterans Affairs, and the General Accounting Office. This summary briefly describes the Phase I research, offers initial guidelines for agencies developing new data collection procedures, and includes a schedule for the completion of work by this committee. The full report of the committee includes the research design and methods, results of Phase I, examples of test questions and forms, and a broader discussion of guidelines and problems identified.

### **Developing and Testing Self-Reported Race and Ethnicity Questions**

A goal of this research is to provide guidance on the wording and format of questions for self-reporting race and Hispanic or Latino origin depending on the mode of administration. Questions administered by telephone or in a face-to-face personal interview have been tested in cognitive laboratory interviews; self-administered questions are not included in this testing because the Census Bureau previously conducted such research in preparation for Census 2000. To date, 32 cognitive interviews have been completed; another 18 are planned for Phase I and at least 25 more for Phase II.

Among the 32 subjects interviewed, 13 reported their race as Black, 3 reported Asian, 2 reported Native Hawaiian, 4 reported more than one race, and 10 reported White, of which 2 also reported Hispanic or Latino origin. No American Indians or Alaska Natives have been interviewed yet in Phase I. Subjects were first asked routine demographic questions as well as the test Hispanic or Latino origin and race questions for themselves and members of their household. Then, debriefings were conducted to learn more about the subjects' understanding of the questions and terms used.

Generally, subjects were able to answer without difficulty the race and Hispanic or Latino origin questions. In the cognitive interviews, understanding of the intent of a race or Hispanic origin question was shared but individual differences in the interpretation and meaning of terms used was found, as was confusion regarding the separation of Hispanic or Latino origin from race.

As expected, subjects who were interviewed face-to-face seemed to use and rely on the flashcards to select a response. Subjects interviewed by telephone had a bit more difficulty answering the race questions since they had to listen to a relatively long list of response options. Also, there was some evidence that the instruction to “...select one or more...” was misunderstood on the telephone to mean that the subject had to select more than one race. Section 1 in Appendix B describes in detail the results of testing the questions on race and ethnicity.

Based on these interviews, the following initial guidelines for the design of questions on race and ethnicity are offered:

- Communicate clearly an instruction that allows, but does not require, multiple responses to the race question.
- Consider using an instruction to answer both the Hispanic or Latino origin question and the race question.
- For data collection efforts requiring detailed Hispanic or Latino origin or detailed race information, consider options to collect further information through write-in entries or follow-up questions asked by the interviewer.
- Take mode of administration carefully into account when designing questions and instructions.
- Provide definitions to the minimum race categories when possible.
- Adhere to the specific terminology as stated in the October 30, 1997, standards.

### **Developing and Testing Aggregate Reporting Forms**

Implementing the revised standards will cause fundamental changes to the ways in which data on race and Hispanic or Latino origin have previously been aggregated and reported. Therefore, a second goal of this research is to provide guidance on the design of reporting forms that will be used by administrative personnel to aggregate data on race and Hispanic or Latino origin for a given population (e.g., reporting race and ethnicity for a school population).

Twenty cognitive interviews are planned for this phase of the research. Three different forms are being tested with subjects who are familiar with reporting aggregate data for a given population,

but not necessarily familiar with the revised standards. Fourteen interviews have been completed thus far, 7 in cognitive laboratories and 7 on-site. Of the 14 respondents interviewed, 5 worked for the Federal Government, 6 worked in private industry, 2 worked in local correctional facilities, and 1 worked in a school.

For the laboratory testing, subjects were given 'dummy' records of applications that contained multiple race responses as well as combined Hispanic or Latino origin and race questions. For the on-site interviews, subjects referred to agency data.

None of the forms tested were completed accurately without interviewer intervention. Regardless of the form tested or whether the testing was conducted in a laboratory or on-site, the most common problem was the requirement to count and report race for individuals who are of Hispanic or Latino origin. As an illustration, one subject stated *"It's (the form) basically asking how Hispanics were separated into groups of races. I think the part that confuses me is that our Hispanics do not view themselves as another race. And so that is kind of what threw me off... it's asking for Hispanics who had marked 'White,' but they don't. They would have checked Hispanic."* Discussions with subjects revealed that all but one worked for agencies that have used the single question -- combined race and ethnicity format -- to collect data. Several methodological problems also emerged and will be corrected prior to further testing. They are discussed in detail in Appendix B, Section 2.

Even though there were many problems found in developing and testing aggregate forms, some initial guidelines can be put forth at this time.

- If possible, allow for the reporting of every combination of multiple race responses.
- Provide definitions that assist in understanding the concepts of single race reports and multiple race reports as well as the distinction between ethnicity and race.
- Explain how the missing data should be reported.
- Professionally design the form and include clear instructions.

### **Development of Field Instructions and Training Procedures**

Work to develop interviewer instructions and interviewer training procedures will begin in the Spring of 1999. Plans include developing and testing different training modules and interviewer instructions, depending on the mode of administration and the type of data collection. This work will, in all likelihood, not address new issues or problems. However, since the new standards do encompass several distinct changes, it seems timely to address in a more systematic way some longstanding issues in the fielding of the questions, and ways that interviewers can be trained to improve data quality. Specific procedures on how to ask the questions and, in some cases, how to instruct the respondent to use the flashcard, will be developed along with suggested interviewer

probes, definitions, and statements that can be used to answer respondent questions.

### **Schedule**

Phase I was ongoing through 1998 and will be completed at the beginning of April 1999. Phase II will begin in April 1999 and will be completed by the end of July 1999. A final report encompassing both phases should be available by the end of September 1999.



## **APPENDIX D**

### **Matrix, Race and Ethnicity in State Data Sets from House Joint Resolution 77, 1999**

**TABLE I**  
**Participating Virginia Agencies**  
**Racial and Ethnic Classifications**

Race and/or Ethnicity	Aging	* Corrections	Criminal Justice Ser	* DayCare Council	* Educ	Health	Long-Term Council	Housing & Comm.Develop	* DMAS	MIIMRSAS	Rehab Services	Social Services	State Police	* VEC
<i>American Indian or Alaskan Native Category</i>														
Alaskan Native							X			X				
American Indian							X			X	X	X		X
American Indian/Alaskan Native	X				X	X					X	X	X	
Indian (Am.Indian or East Indian)		X	X											
Indian(North,Central & So.American, Eskimo, Aleut)						X								
Native American			X					X	X					
<i>Asian or Pacific Islander Category</i>														
Asian		X	X	X	X	X					X			
Asian or Alaskan Native											X			
Asian/Pacific Islander	X		X		X	X		X	X	X		X	X	X
Chinese		X				X								
Filipino						X								
Hawaiian						X								
Japanese		X				X								
Oriental													X	
Oriental/Asian							X					X		
Pacific Islander					X									
<i>Black Category</i>														
African American			X											
Black		X	X	X		X					X	X	X	
Black/African American							X			X				
Black, Not of Hispanic Origin	X				X	X		X	X					X

The "X" represents one or more systems/programs using the labels indicated on the left of the chart.

The asterisk (\*) identifies those agencies that use the combined classification of race/ethnicity.

**TABLE 1**  
**Participating Virginia Agencies**  
**Racial and Ethnic Classifications**

Race and/or Ethnicity	Aging	* Corrections	Criminal Justice Ser	* DayCare Council	* Educ	Health	Long-Term Council	Housing & Comm. Develop	* DMAS	MIIMRSAS	Rehab Services	Social Services	State Police	* VEC
<i>Hispanic Category</i>														
Hispanic	X	X	X	X	X	X	X	X	X	X	X	X		X
Mexican						X								
Mexican/Mexican American										X				
Puerto Rico						X				X				
Cuban						X				X				
Central/South America						X								
Other or Unknown Hispanic						X				X				
Non-Hispanic						X				X				
<i>White Category</i>														
Caucasian			X			X						X		
White	X	X	X	X		X	X			X	X	X	X	
White, Not of Hispanic Origin					X	X		X	X					X
<i>Other Category</i>														
Not Classifiable or Unknown						X								
Biracial												X		
Other		X	X	X	X	X		X	X	X		X		
Unknown			X				X			X	X	X	X	X
Minority	X													
Low-Income Minority	X													
Low-Income Non-Minority	X													
<b>Number of Automated Systems (59)</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>15</b>	<b>7</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>5</b>	<b>5</b>	<b>8</b>	<b>4</b>	<b>2</b>

The "X" represents one or more systems/programs using the labels indicated on the left of the chart.

The asterisk (\*) identifies those agencies that use the combined classification of race/ethnicity.

# **APPENDIX E**

## **Member ship Lists State Health Commissioners Task Force and Advisory Group on Health Related Data Sets**

## **Task Force Members**

Barbara S. Brown, PhD  
Vice President  
Virginia Hospital & Healthcare Association

Michael F. Burns  
Data and Financial Systems Manager  
Virginia Primary Care Association

J. Robert Chafin  
Systems Development Manager  
Department of Mental Health, Mental Retardation  
and Substance Abuse Services

Kathy A. Cooper  
State Coordinator – Office of Newcomer Services  
Department of Social Services

Ronald S. Hyman  
Director – Center for Health Statistics  
Virginia Department of Health

John Kenyon  
Policy Analyst  
Department of Medical Assistance Services

Donald Lilywhite  
Policy Analyst  
Virginia Employment Commission

Michael Lumberg  
Executive Director  
Virginia Health Information

Rudolph Wilson, PhD  
Professor  
Norfolk State University

Staff:  
L. Robert Bolling  
Director – Office of Minority Health  
Virginia Department of Health

## **Advisory Group**

Joseph A. Bowman  
Department of the Visually Handicapped

Elletta Heath  
Virginia Department of Health

Mona Mallory  
Department of Education

Julia Martin, PhD  
Weldon Cooper Center for Public Service  
University of Virginia

Elizabeth Smith  
Department of Rehabilitative Services

Elaine Yates  
Department of Health Professions

Heidi Lawyer  
Department for Rights for Virginians with Disabilities

## **Appendix F**

### **Meeting Agenda and Summaries of the State Health Commissioners Task Force on Health-Related Data Sets**

**AGENDA**  
**Meeting # 1**  
**Health Related Data Task Force**  
**House Resolution 647**  
**Virginia Department of Health**  
**Commissioner's Board Room**  
**August 20, 1999**  
**10:00 am**

I.	Welcome and Introductions	10:00am - 10:15 am
II.	Comments from the Commissioner	10:15 am - 10:20 am
III.	Review of the Study Tasks and Report Outline	10:20 am - 10:35 am
IV.	Federal Activities on Race and Ethnicity Categories	10:35 am - 10:45 am
V.	Review of Race and Ethnicity Demographics Within Existing Data Sets	10:45am - 11:30 am
VI.	Additional Data/Information Needs	11:30 am - 11:45 am
VII.	Next Meeting Date	11:45 am

**Handout 1**

Background:

Senate Joint Resolution 355, reported to the 1999 General Assembly provided a study of the health status of African-American in the Virginia. That study point out that there is no uniform means for collecting and reporting race and ethnicity data within various health-related data sets. To further that analysis of African-American health status, the study recommended an examination of health-related data sets in Virginia in order to bring some uniformity to the way data is collected and reported. The goal is to make available data useful to policymakers and the public.

Study's Tasks:

The study resolution HJR 647 (1999 General Assembly) directs the State Health Commissioner to form a task force:

- *to review and examine health related data sets as part of the further analysis of the health status of African-Americans*
- *to develop reporting processes to generate more reliable data estimates of minority populations; and*
- *examine how state agencies and private health organizations can assist in collecting and reporting data classified by race and ethnicity.*

Results from Study on the Health Status of African-Americans reported during 1999 session of General Assembly that pointed out the need to include race and ethnicity in health data sets in order to more accurately depict health status of various populations in the state.

**Handout 2**  
**Outline for HJR 647**

**EXECUTIVE SUMMARY**

- I. Authorization for the Study
- II. Process for Establishing Membership of the Task Force
- III. Data/Information Collection
- IV. Background
  - ◆ Disparity in Health Status
  - ◆ History of African-American Health in Virginia and United States
  - ◆ 1985 Black and Minority Health Report and Subsequent Federal and State Efforts to Reduce or Eliminate Disparities
  - ◆ HJR 355 and Other Legislation
  - ◆ Previous Efforts in Virginia to Standardize Data on Race and Ethnicity
- V. Population Issues
- VI. Cost Issues
- VII. Review of Health Related Data Sets in Virginia
- VIII. Summary, Findings and Conclusions
- IX. Recommendations



### Summary Meeting # 1

The first meeting of the health related data sets task force proved useful. The task force reviewed a variety of public and private data sets, and found that most included some race and ethnicity information. However, there is inconsistency on the specific race and ethnicity information that is collected. Additionally, agencies and organization use the state's official projections and estimates differently, and in many cases the official population projections and estimates do not adequately meet the needs of all organizations and agencies in the state.

The task force also learned that changes in the federal Office of Management and Budget's Standard's on Race and Ethnicity Data (formerly OMB Directive 15) will have some impact on the way state agencies and private organizations collect and report health data. Specifically, beginning with the year 2000 census the minimum race categories collected by federal agencies will increase from four to five. Federal agencies will be required gather information on the racial groups: "White", "Black", "Asian", "Hawaiian or Pacifica Islander", and "American Indian". Previously, the Asian, Hawaiian and Pacific Islander categories were grouped as one. Moreover, individuals will now have the opportunity to select more than one race category for identification purposes. Regarding ethnicity, federal agencies will continue to collect only the "Hispanic/Latino" and "Non-Hispanic/Latino" categories.

The task force reached consensus on a couple of issues:

- ◆ The categories for race and ethnicity information in health data sets in Virginia should be standardized across state agencies and the private sector. The best standard is identified in the federal Office of Management and Budget Standards for the Classifications Federal Data on Race and Ethnicity (formerly OMB Statistical Analysis Directive No. 15).
- ◆ There is a need for "workable" population figures by race, ethnicity, gender, age, and locality (at a minimum, county/city).

Several continuing issues were identified. These include:

- ◆ What are the implications of multiple race selection on health related data sets, particularly in the comparison of past and future health data in Virginia?
- ◆ What are the training needs on "how to ask the race question with sensitivity", or to gather other information required for reporting purposes?
- ◆ There is a need implement a "standard" for the collection of race and ethnicity information. This standard should be referenced in all regulations requiring the reporting of this information.
- ◆ What are the costs of modifying currently health data systems?

**AGENDA**  
Meeting #2  
**Health Related Data Work Group**  
**House Resolution 647**  
**Virginia Department of Health**  
**Commissioner's Board Room**  
**September 10, 1999**  
**10:00 am**

Welcome and Introductions	10:00am - 10:05 am
Review of Last Meeting	10:05 am - 10:20 am
Review of the Study Tasks and Report Outline	10:20 am - 10:45 am
Federal Activities on Race and Ethnicity Categories	10:45 am – 10:55 am
Next Meeting – Conference Call	10:55 am – 11:00 am

**Summary of Meeting #2**

Below is a summary of the task force's review of the continuing issues, and where applicable, the federal activity to address those issues. The task force requested staff to a draft set of recommendations incorporating these issues for task force review by September 27, 1999.

- ◆ What are the implications of multiple race selection on health related data sets, particularly in the comparison of past and future health data in Virginia?

**SUMMARY:** The Census is planning to adopt the recommendations of the Office of Management and Budget Standards for the Classifications of Data on Race and Ethnicity, that will allow an individual to choose more than one race category. These recommendations also call for the dis-aggregation of the Asian/Pacific Islander to distinct "Asian" and "Hawaiian Native or Pacific Islander" categories. The Commissioner's task force believes that the multiple race option that will be available in the Year 2000 will make the analysis of race and ethnicity health trends in Virginia even more difficult. For example, how would you compare information on an individual who in the 1990 Census identified as Black, and in the 2000 Census identifies as Black, White, and Asian? The task discussed several options including the use of primary, secondary and tertiary selections for race. This means an individual who previously identified as Black would now indicate his first preference as "Black", with "White" as his secondary classification preference, and "Asian" as the tertiary preference. For analysis purposes, this person would be grouped in the "Black" racial category. The Department of Mental Health, Mental Retardation and Substances Abuse Services current uses this model in its hospital system. The task force agreed, however that this issue needed further review, and if would be more appropriate to allow the federal agencies to resolve this issue.

**Federal Activity:** In the February 17, 1999 Federal Register, the Office of Management and Budget published draft provisional guidance implementation of the new race and ethnicity standards. These guidelines are provided to help federal agencies and other users of data determine how best to collect, report, and analyze race and ethnicity data under the new standards. Those guidelines suggest that agencies that use time trends in health, economic and social characteristics by racial and ethnic groups might consider "bridge estimates" to assist users in understanding the data collected under the new standard. There are two types purposes for bridge estimates: (1) to help users understand the relationship between old and new data series; and, (2) to provide consistent numerators and denominators for a transition period, before all the data are available in a new format. Bridging works as follows. For some period of time, referred to as the bride period, agencies might display historical data along with two estimates. The first, a tabulation of data under the new standard, and the second, an "bridging estimate", or predication of how responses would have been collected or reporting under the old standard. When the bridge period ends, the bridge estimates would no longer be needed. To use bridging, agencies or organization would have to develop or select bridging methodologies.

The guidelines also stress that bridging is not required for all situations, especially if agencies or organizations can tolerate a "break" in their data series, or if comparison to another data series provides users with enough information about change over time. If the bridging option is not chosen, agencies and organizations should footnote the first occurrence of data under the new standard.

- ◆ What are the training needs on "how to ask the race question with sensitivity", or to gather other information required for reporting purposes?

**SUMMARY:** Agencies and Organizations found that many of the persons have difficulty asking demographic questions about race and ethnicity. In many cases, the interviewer make an assumption about race and ethnicity based on the respondent's appearance or surname. Therefore, the task force recommends the development of standardized training modules, or guidelines to assist "frontline" personnel in public agencies and private organizations ask racial and ethnicity demographic questions in a culturally appropriate

manner. These modules would provide a systematic means for assuring that the interviewer allows the respondent to provide the information desired. These training would also address the ways that interviewers can be trained to improve data quality. Specific procedures on how to ask questions, including suggested interviewer probes, definitions, and statements to help respondent answer questions.

**Federal Activity:** The Office of Management and Budget guidelines state that work on to develop interviewer training procedures will began in the Spring of 1999. These plans include the developing and testing different training modules and interviewer instructions. The guidelines indicate that many of the issues or problems to be addressed in the training are not new, however, "...since the new standards encompass several distinct changes, it seems timely to address some of the longstanding issues in fielding questions."

- ◆ There is a need implement a "standard" for the collection of race and ethnicity information. This standard should be referenced in all regulations requiring the reporting of this information.

**SUMMARY:** The task force believes that a minimum standard for collecting race and ethnicity data should be implemented across state agencies, and strongly encouraged in private sector organizations. The standard should be identical to those in the revised federal OMB guidelines. Moreover, these standards should be adopted for all regulatory purposes, particularly for the regulations that require entities such as hospital, nursing homes, and other health care facilities to report information to the state.

- ◆ What are the costs of modifying currently health data systems?

**SUMMARY:** The task force had difficulty determining the cost of modifying state and private health-related data sets to collect the appropriate level of health information on African-Americans and other minority groups. Most of the task force members believed that consideration should be given to cost related to changing forms, and modifying computer software programs, including interim and full time personnel required to make the modifications. Other costs include educating staff about the revisions in federal guidelines, and training these personnel on how to implement any changes recommended through this study. One agency provided a preliminary estimate that the cost to change all of the facilities in its system to reflect the new federal standards would take appropriate six months to complete, and might cost about \$500,000. However, the task force believes that revisions in the federal system will eventually cause states and localities to adapt the changes in race and ethnicity data collection and reporting.

### **Proposed Task Force Recommendations**

**Recommendation #1:** Require all state agencies to adopt the federal Office of Management and Budget (OMB) revised *the Standards for the Classifications of Federal Data on Race and Ethnicity* (formerly OMB Statistical Policy Directive Number 15). The revised standards for race are: "American Indian or Alaska Native"; "Asian"; "Black or African-American"; "Native Hawaiian or other Pacific Islander"; and "White". The standards for ethnicity are: "Hispanic or Latino" and "Not Hispanic or Latino". The new federal standards allow individuals to select more than one race category for identification purposes.

**Recommendation # 2:** Strongly urge private sector organizations to collect information on race and ethnicity using the revised federal standards. Ease these efforts by modifying regulatory language (see Code references at Appendix H) to read "Race and ethnicity information shall be collected according to the most current *Standards for the Classifications of Federal Data on Race and Ethnicity* (formerly OMB Statistical Policy Directive Number 15)".

**Recommendation # 3:** For purposes of calculating and analyzing health-related data in Virginia, the most population estimates from the Bureau of the Census shall be used.

**Recommendation #4:** Develop interview training modules for collecting race and ethnicity data to assist staff of agencies and organizations that maintain these data sets.

## **APPENDIX G**

### **Abstract**

**County Profiles on Minority Health and Well Being: A  
Virginia Case Study  
Rudolph Wilson, PhD  
Norfolk State University**

## **APPENDIX H**

### **List of Code Mandated Data Requirements for the Virginia Hospital and Healthcare Association**

D:\legislat\hjr647.r2t  
A: hjr647.r2t

# **CURRENT HEALTH DATA REPORTING REQUIREMENTS AND ACTIVITIES AFFECTING HOSPITALS**

**(Prepared by the Virginia Hospital & Healthcare Association,  
July 1999)**

## **Statute**

Hospitals to report diagnosed cases of specified diseases if physician does not do so (§ 32.1-36, § 32.1-37) *(Example: Communicable diseases)*

Virginia Hearing Impairment Identification and Monitoring System (§ 32.1-64.1)

Newborn screening (§ 32.1-65)

Sickle cell screening and reporting (§ 32.1-68)

Virginia Congenital Anomalies Reporting and Education System (§ 32.1-69.1)

Statewide Cancer Registry (§ 32.1-70)

Emergency Medical Services Patient Care Information System (includes prehospital patient care and trauma registry) (§ 32.1-116.1)

Toy-related deaths and injuries (§ 32.1-116.1:2)

Virginia Health Planning Board authorized to “supervise development of health data system ... to provide necessary information to support health policy recommendations” (§ 32.1-122.02)

Board of Health required to establish criteria to identify medically underserved areas, using “quantifiable measures” such as infant mortality, availability of primary care resources, poverty levels and other measures (§ 32.1-122.5)

Application and outcomes data required to support operation of newborn service levels (§ 32.1-127)

Birth information to registrar for birth certificates (§ 32.1-257)

Death information to registrar for death certificates; reports on fetal death (§ 32.1-263)

Institutions to keep all information required for birth, death certificates and fetal death reports; send list of all such events to State Registrar monthly (§ 32.1-274)

Center for Health Statistics responsible for data development, reporting, systems operation, analysis and consultation for Department of Health, other state and local agencies. (§ 32.1-276.1)

Health care data reporting oversight transferred from VHSCRC by 1996 legislation (§ 32.1-276.2 et seq.) (*Patient level database derived from UB-92 bills and efficiency and productivity database derived from hospital administrative and financial data*)

Hospitals, others to report suspicious deaths to medical examiner (§ 32.1-283)

Charity care reported for Virginia Indigent Health Care Trust Fund (§ 32.1-336)

State Child Fatality Review Teams to compile annual statistical data and to “improve identification, data collection and record-keeping of causes of child death” (§ 32.1-283.1)

## **Other**

*HJR 213 (1996)* requires survey of hospitals on their ability to provide pediatric emergency services

Hospital licensure application and annual survey:

### **Application**

- Bed capacity by service
- Ownership, operation
- Staffing report

### **Annual survey**

- Classification of beds by designated units/service
- Utilization breakdown by unit
- Data on hospital-based health-related career programs
- (New for 1996) Data on newborn service levels

