

Guidance on data collection for race and ethnicity

A tool to advance health equity in Utah



Purpose

The Utah Department of Health and Human Services (DHHS) Office of Health Equity (OHE) promotes a set of uniform data collection standards for race and ethnicity information conducted by, sponsored by, or reportable to DHHS as required by the Utah Health Code (Title 26 of the Utah Code).

Uniform data collection improves data integrity and quality so relevant and reliable data is available for decision-making purposes.

Standards enhance the ability to report and track racial and ethnic health disparities and identify opportunities to address them.

The original version of this guide was published in March 2021. It has since been further researched and developed into OHE's [Guidelines for data collection on race and ethnicity](#). This document is an abbreviated version of these guidelines.



Why collect race and ethnicity data?

Race and ethnicity data help data analysts and epidemiologists create statistics by race and ethnicity.

Availability of this information in a timely and reliable manner is critical to identify, understand, and monitor racial and ethnic health disparities and advance health equity in Utah.

Decision-makers¹ across local, state, tribal and federal levels may use these data to²:

- Examine differences in opportunities and outcomes in health
- Examine differences in healthcare quality
- Understand challenges in access to public health, health care, and social services
- Develop and tailor outreach, interventions, programs, or services for specific groups
- Allocate funding to address health disparities
- Develop policies to improve equitable access
- Evaluate programs and policies to ensure they are fair and equitable
- Monitor compliance with antidiscrimination laws, regulations, and policies

What are health disparities?

Health disparities are differences in health outcomes closely linked to economic, socio-cultural, environmental, and geographic disadvantage.

What is health equity?

Health equity is the principle underlying the commitment to reduce and, ultimately, eliminate health disparities by addressing their determinants. Pursuit of health equity means striving for the highest possible standard of health for all people, with special attention to the needs of those communities at greatest risk for health disparities.

1. Decision-makers may include government officials, policymakers, public health agencies, health care organizations, researchers, advocacy groups, community organizations, etc.

2. American Community Survey. Why we ask questions about race. Accessed March 22, 2021.

How to collect race and ethnicity data

The following guidance and standards were adapted for Utah, but adhere to the Office of Management and Budget (OMB) Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity³ and the U.S. Department of Health and Human Services Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status.⁴

3. Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Federal Register Vol. 62, No. 210, p. 58782 - 58790. Office of Management and Budget, Office of Information and Regulatory Affairs. October 30, 1997. <https://www.govinfo.gov/content/pkg/FR-1997-10-30/pdf/97-28653.pdf>

4. U.S. Department of Health and Human Services. (2011). Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status. Office of the Assistant Secretary for Planning and Evaluation. <http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.pdf>.



Utah Department of Health and Human Services (DHHS) Office of Health Equity (OHE) Race and ethnicity data collection standards



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- 1 Self-identification**

Self-identification is the preferred way to get information about an individual's race and ethnicity. The surveyor should not tell an individual who they are, nor specify how an individual should classify themselves.
 - 2 Minimum categories**

“The specified race and ethnicity categories provide a minimum set of requirements 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.

In accordance with federal OMB standards, the OHE minimum categories for race are: American Indian/Alaska Native, Asian/Asian American, Black/African American, Native Hawaiian/Pacific Islander, and White. These must be set up as a multi-select choice option so respondents can choose multiple categories if applicable.

In accordance with federal OMB standards, the OHE minimum categories for ethnicity are: Hispanic/Latino/a/x and Not Hispanic/Latino/a/x.⁵
 - 3 Question format**

Collect data on race and ethnicity in a combined format to produce the highest data quality. Both race (including multiple responses) and ethnicity should be collected when appropriate and feasible, although the selection of one category in the combined format is acceptable. In limited instances, race and ethnicity data may need to be collected separately. An explanation of how to do this is provided in the additional information section.
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5. The DHHS Office of Health Equity uses the term “Hispanic/Latino/a/x” to acknowledge the use of the terms “Latino”, “Latina”, and “Latinx” within different segments of the population.

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4 Multi-racial heritage

When self-reporting or other self-identification approaches are used, respondents should be offered the option of selecting one or more racial designations to identify their multi-racial heritage. People who identify with more than one race may choose to report multiple races. Recommended instructions to accompany the race/ethnicity question include "mark all that apply" and "select all that apply". There is no "multi-racial" category.

5 Additional granularity

In accordance with federal OMB standards, DHHS OHE encourages additional granularity where it is supported by sample size and so long as the additional detail can be aggregated back to the minimum standard set of race and ethnicity categories. Agencies and organizations must consider the feasibility and practicality of more granular race and ethnicity data collection.

6 Write-in option of "other"

Agencies may include a write-in option of "some other race or ethnicity" or "other" to surveys with an open-ended request to specify. This respondent-specified race must then be coded by the agency to the minimum standards before results are publicly reported.

Minimum combined format data standard

What is your race/ethnicity? (Select all that apply.)

- a. American Indian or Alaska Native
- b. Asian or Asian American
- c. Black or African American
- d. Hispanic or Latino/a/x
- e. Native Hawaiian or Pacific Islander
- f. White
- g. Some other race or ethnicity (please specify):



Additional granularity data standard

What is your race/ethnicity? (Select all that apply.)

<<These categories roll up to the American Indian/Alaska Native category of the minimum standard>>

- a. American Indian/Alaska Native
- b. Canadian Inuit, Metis, or First Nation
- c. Indigenous Mexican, Central American, or South American
- d. Some other American Indian/Alaska Native (please specify): _____

<<These categories roll up to the Asian/Asian American category of the minimum standard>>

- e. Asian Indian
- f. Chinese
- g. Filipino/a
- h. Japanese
- i. Korean
- j. Vietnamese
- k. Some other Asian/Asian American (please specify): _____

Additional granularity data standard (Continued)

What is your race/ethnicity? (Select all that apply.)

<<These categories roll up to the Black/African American category of the minimum standard>>

- l. African American
- m. Black African
- n. Black Caribbean
- o. Some other Black (please specify): _____

<<These categories roll up to the Hispanic/Latino/a/x category of the minimum standard>>

- p. Central American
- q. Mexican, Mexican American, Chicano/a
- r. South American
- s. Spanish/Spaniard
- t. Some other Hispanic/Latino/a/x (please specify): _____

Additional granularity data standard (Continued)

What is your race/ethnicity? (Select all that apply.)

<<These categories roll up to the Native Hawaiian/Pacific Islander category of the minimum standard>>

- u. Chamorro
- v. Native Hawaiian
- w. Samoan
- x. Tongan
- y. Some other Pacific Islander (please specify): _____

<<These categories roll up to the White category of the minimum standard>>

- z. White European
- aa. Middle Eastern/North African
- bb. Some other White (please specify): _____

- cc. Some other race/ethnicity (please specify): _____
- dd. Prefer not to answer

Additional information

Considerations for more granular race and ethnicity data collection

Significant diversity of races, ethnicities, ancestries, and cultures exists within each of the minimum categories. Data collection and analysis at a more granular level, can identify health disparities that would otherwise be undetected or ignored and provide an opportunity to address them. Disaggregating data within race and ethnicity categories has the power to create the kind of visibility and inclusion that advances health equity.

The following guidance is offered to data managers, researchers, and practitioners to incorporate into a decision-making process to determine the feasibility of disaggregated race and ethnicity data collection. The considerations below are not presented in order of importance nor order of operations. Activities are overlapping and iterative.

- Articulate a clear purpose for the need for disaggregated race/ethnicity data
- Assess capacity to collect, analyze, and report disaggregated race and ethnicity data
- Consult existing data to construct initial categories for disaggregated race and ethnicity data
- Engage with communities who may be most impacted by data disaggregation activities
- Ensure privacy of respondents in data disaggregation of small populations
- Document and share lessons learned to build capacity granular data collection and use

Examples of disaggregated race and ethnicity data collection categories for Utah for detailed additional granularity can be found in Section 4 of the OHE's [Guidelines for data collection on race and ethnicity](#).

Additional information

Two-question format for data collection on race and ethnicity

Although the Utah standard for race and ethnicity data collection is to use a combined format, in some instances, separate questions for race and ethnicity may be necessary.

When using a two-question format, ask ethnicity first and race second. This order is important to avoid confusion and improve response rate among those who identify as Hispanic or Latino/a/x.

Minimum two-question format data standard

Ethnicity Data Standard

Are you Hispanic, Latino/a/x, or of Spanish origin?

- a. Yes
- b. No

Race Data Standard

What is your race? (Select all that apply.)

- a. American Indian/Alaska Native
- b. Asian/Asian American
- c. Black/African American
- d. Native Hawaiian/Pacific Islander
- e. White
- f. Some other race or ethnicity (please specify):
- h. Prefer not to answer

Additional information

Two-question format for data collection on race and ethnicity

In some instances, a hybrid of the two-question format and combined format may be used when there is a need to satisfy multiple requirements with race and ethnicity data collection. In this case, a question on ethnicity would be asked first. The combined question for race and ethnicity would be asked second.

Ethnicity Data Standard

Are you Hispanic, Latino/a/x, or of Spanish origin?

- a. _____ Yes
- b. _____ No

Race Data Standard

What is your race/ethnicity? (Select all that apply.)

- a. _____ American Indian/Alaska Native
- b. _____ Asian or Asian American
- c. _____ Black/African American
- d. _____ Hispanic/Latino/a/x
- e. _____ Native Hawaiian/Pacific Islander
- f. _____ White
- g. _____ Some other race or ethnicity (please specify):
- h. _____ Prefer not to answer

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