



# WHAIC/DPH Data Race & Ethnicity Project

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## Learning Objectives:

By the end of this session, participants will be able to:

- ✓ Explain the importance of collecting patient information on race and ethnicity.
- ✓ Demonstrate respectful approaches to asking patients for sensitive demographic information.
- ✓ Respond effectively to patient questions or concerns about why this information is being collected.



# Introduction to Race & Ethnicity

- **Ethnicity** – is the ethnic ancestry or origin of a person or group of people.
- **Race** – generally comes from where the generations of family have lived.



# Race & Ethnicity 1997 OMB Standards

## ETHNICITY

Please select the ethnicity that describes you best:

- Hispanic/Latino
- Not Hispanic/Latino

*Your ethnicity is different than your race (for example, you can be black or white, but also Hispanic or not)*

## RACE

Please select the race that describes you best:

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

*Race generally comes from where the generations of your family have lived.*

# 2024 OMB Statistical Policy Directive No. 15 (SPD 15)

## Race and Ethnicity Combined Question with Minimum Categories

### What is your race and/or ethnicity?

Select all that apply and enter additional details in the spaces below.

**American Indian or Alaska Native** – Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

**Asian** – Provide details below.

<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

**Black or African American** – Provide details below.

<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian
<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

**Hispanic or Latino** – Provide details below.

<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran
<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

**Middle Eastern or North African** – Provide details below.

<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian
<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

**Native Hawaiian or Pacific Islander** – Provide details below.

<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro
<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

**White** – Provide details below.

<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish
<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish

Enter, for example, French, Swedish, Norwegian, etc.

# 2024 – 2026 Updated Race Collection

## Improving Race and Ethnicity Data Collection to Advance Health Equity

- WHAIC and WHA have partnered with DHS to strengthen how ambulatory surgery centers (ASCs), hospitals, and health systems collect and report patient race and ethnicity data at registration and admission.

### Our goal is to achieve better data collection by:

- Enabling patients to select more than one race and encourage hospitals and vendors to provide that detail in the files.
- Align WHAIC data collection with revised federal OMB standards (SPD 15), including addition of “Middle Eastern or North African (MENA)” and Hispanic/Latino options and incorporate subcategories for each race.
- Patient self-reporting race and/or ethnicity.

WHAIC Code	Main Category	Description
1	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.
2	Asian	A person having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3	Black or African American	A person having origins in any of the Black racial groups of Africa.
4	Native Hawaiian or <u>other</u> Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5	White	A person having origins in any of the peoples of North America, Europe, North Africa, or the Middle East.
6	NEW: Middle Eastern or North African	MENA Americans can trace their origins to more than a dozen countries, including Egypt, Morocco, Iran, Turkey and Yemen. People from there can be white, brown or Black, as well as identify with an ethnic group, like Arab, Amazigh, Kurdish, Chaldean and more.
8	NEW: Hispanic or Latino	A person of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin, regardless of race.
7	Declined	A person who refuses to answer this question.
9	Unavailable	A person unable to answer this question, or no available family member or caregiver to respond for the patient. May also be used by patients if their race is unknown.

# New Race Subcategory Codes

Main Code	Main Category	Subcategory Code	Subcategory Code	Subcategory	Subcategory	Subcategory	Subcategory
1	American Indian or Alaskan Native	101 - Aztec	102 - Cherokee	103 - Eskimo	104 - Iroquois	105 - Maya	106 - Navajo
2	Asian, Asian American, Asian Indian	201 - Chinese	202 - Filipino	203 - Hmong	204 - Japanese	205 - Korean	206 - Laotian or Vietnamese
3	Black or African American	301 - African	302 - Jamaican	303 - Ethiopian	304 - Haitian	305 - Nigerian	306 - Somali
4	Native Hawaiian or Pacific Islander	401 - Chamorro	402 - Guamanian	403 - Fijian	404 - Marshallese	405 - Tongan	406 - Samoan
5	White / Caucasian	501 - English	502 - German	503 - Irish	504 - Italian	505 - Polish	506 - Scottish
6	NEW: Middle Easter or North African	601 - Egyptian	602 - Iraqi	603 - Lebanese	604 - Pakistani	605 - Syrian	606 - Moroccan
8	NEW: Hispanic or Latino	801 - Cuban	802 - Dominican	803 - Guatemalan	804 - Mexican	805 - Puerto Rican	806 - Salvadoran
7	Declined						
9	Unavailable						

# WHAIC Ethnicity Categories

The collection of race and ethnicity is a **statutory requirement** [Ch.153]

## Ethnicity Collection

1	Hispanic or Latino	A person of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin, regardless of race.
2	Non-Hispanic or Latino	Person not of Hispanic or Latino ethnicity.
7	Declined	A person who refuses to answer this question or cannot identify him/herself ethnicity.
9	Unavailable/Unknown	A person unable to answer the question, or ethnicity is unknown to the patient.

# Why do we ask? What do we need to know?

## WHY?

- Ensure patients are able to select more than one race, allowing us to track better inequities and plan for care that meets the needs of all populations served.
- Identify the specific healthcare needs of the individual patient.
- Identify disparities in care, improve access, and support better patient outcomes.
- Reduce disparities by tracking inequities in access and outcomes, leading to better patient planning.
- Meet regulatory requirements and drive organizational action.

## Voluntary

- The questions are voluntary, and you can choose “prefer not to answer” or “decline” to any or all questions.
- This will not affect your care.

## Who will see the information?

- This Personal Identifiable Information (PHI) will be accessible only to the healthcare team taking care of you.
- Your responses will be protected and stored in your electronic health record.

# Staff FAQs for Collecting Race/Ethnicity Information

## Common questions staff have about collecting race and ethnicity:

- Why are we asking for race and ethnicity information?
- Should we ask our patients race and ethnicity information at each visit?
- What should I do if a patient refuses to answer?
- Can I record race and ethnicity information based on what I see?
- How do I respond to a patient who is afraid we will ask their immigration status when we ask for race and ethnicity information?

[WHA - Integrity for Data Equity & Accuracy \(IDEA\)Resources | Advancing Healthcare Excellence and Inclusion | HANYS](#)

# How to Ask a Race/Ethnicity Question?

**Which of the following best describes your racial or ethnic group?**

## **Why do you want to know?**

“To ensure we provide the best care possible, we ask all patients about their race, ethnicity, and preferred language. This information helps us get to know our patients better and better meet their health needs. By knowing more about your background, we can better understand your health concerns and be sensitive to your needs.”

# Responding to Patient Questions

## What does race and ethnicity have to do with my health?

- Racial and ethnic backgrounds may place us at higher risk for diseases. We try to reduce these risks by making sure that everyone gets high-quality health care.

## Why am I being asked these questions?

- Collecting race and ethnicity information from *all* of our patients helps us get to know them better. Knowing your racial and ethnic background gives us a better idea of health risks you may have and better meet your health needs.

## What is this information used for?

- Your race and ethnicity information will help us provide better services to everyone. With this information, we can offer services that can improve health.

## Who can see this information?

- Your information is confidential and protected under the Health Insurance Portability and Accountability Act (HIPAA). We limit access to patient information to instances where the information is necessary to provide care.

# Responding to Patient Questions

## What if I don't want to provide this information?

- Answering is voluntary. However, this information does help our hospital provide better care for all our patients. We will provide your care whether you answer these questions or not.

## Can't you tell by looking at me?

- Every person is different, so we do not make any assumptions based on how a person looks.

## Are you trying to find out if I am a U.S. Citizen?

- No, your information is confidential and used only to improve the care we provide. We will not ask about your citizenship or documentation.

## How does this benefit me?

- By answering these questions, we get to know more about our patients. This information helps us to better serve you and your community and ensures that we provide high-quality care.

# Patients Will Feel More Comfortable if:

- The questions come from a place of concern, and the data will serve a positive and valuable purpose.
- The patients know their care will not be affected based on their responses.
- They do not feel forced to provide the information.
- They feel their privacy and patient rights are being respected.
- Data collection does not take too much time or cause them to be late for an appointment.

# Video: Asking Patients the Questions



[https://www.youtube.com/watch?v=bzBTDfGTOas&pp=ygU\\_aG9zcGI0YWxzIGFza2luZyBwYXRpZW50cyByYWNlIGV0aG5pY2I0eSBhbmQgbGFuZ3VhZ2UgcXVlc3Rpb25z](https://www.youtube.com/watch?v=bzBTDfGTOas&pp=ygU_aG9zcGI0YWxzIGFza2luZyBwYXRpZW50cyByYWNlIGV0aG5pY2I0eSBhbmQgbGFuZ3VhZ2UgcXVlc3Rpb25z)

# Key Takeaways:

## Why Do We Ask?

- To identify and address disparities in care, improve access, meet regulatory requirements, and support better outcomes for all populations.
- Responses are voluntary, confidential, and protected by law.

## What Do We Need to Know?

- Patients' self-identified race, ethnicity, and language to support personalized care and track inequities.
- Confirm this information at each visit per EHR prompts—never assume based on appearance.

## Why REaL Information Matters:

- Accurate, self-reported data helps us improve care quality and guide outreach for diverse populations.
- Supports planning for services tailored to community needs and health risks.

## Patient Comfort and Privacy:

- Patients may decline to answer; care will not be affected.
- We do not ask about citizenship or documentation status.
- Asking with care and purpose builds trust and ensures respectful, efficient interactions.

# How does your facility collect race and/or ethnicity?

- Do you ask the minimum as defined by WHAIC and OMB?
- Can your EMR (Epic, Cerner, Meditech) collect and report out more than one race?
- Do you have a multiracial option on your form?
  - § If so, do you ask the patient to identify each race?



# How do we know what's collected?



Q2 2025

WHA Information Center, LLC - WIpop Data Submission

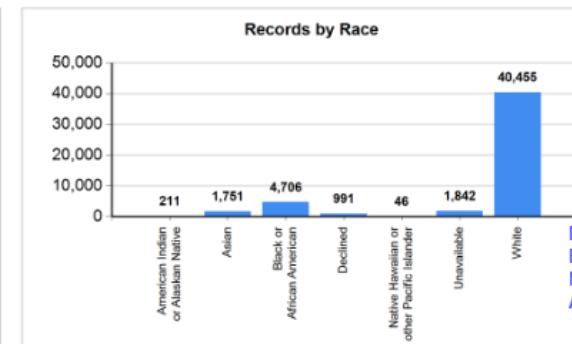
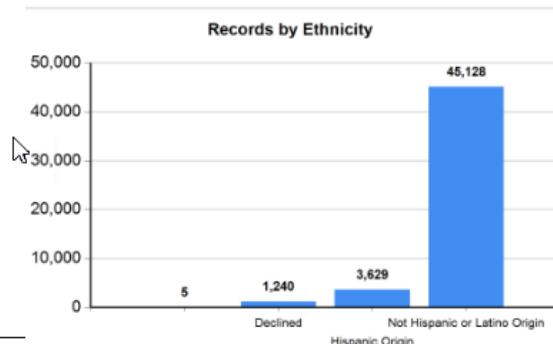
The collection of race data is mandated by the State of Wisconsin. This validation report displays the place of service, the number of records with a primary race and the number of records submitted with a secondary race recorded.

The purpose of this report is to help you:

- Evaluate whether secondary race data is being collected and reported consistently.
- Identify opportunities to improve the accuracy and completeness of multiple race reporting.
- Support staff responsible for the collection and submission of race data.

If you have questions or would like a detailed breakdown of the secondary race values reported, please contact us at [wahrainfo@wha.org](mailto:wahrainfo@wha.org) to request a complete listing.

Place of Service	Records w/ Primary Race	Records w/Secondary Race	% of Records w/Race 2
Inpatient	3,911	16	0.4%
Outpatient Surgery	2,422	10	0.4%
Emergency Dept Visit	6,736	50	0.7%
Observation	562	3	0.5%
Therapies	6,229	18	0.3%
Outpatient (Lab-Radiology)	40,377	152	0.4%
Other Outpatient	10,496	24	0.2%



New Middle  
Eastern North  
African MENA  
category to the  
graphic.

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# Improving Race and Ethnicity Data Collection to Advance Health Equity

\*While we initially planned to 'require' the Hispanic/Latino option within the race category question, this will **be temporarily optional**. Feedback and technical constraints from the facilities and their national vendors have delayed implementation of this category.



*Ethnicity will continue to be collected as a separate data element in both the 837-transaction file and in Wlpop.*

# What does this mean for you?

- Collection of Race and Ethnicity is a Statutory requirement in WI.
- It is ideal to collect more than one race as warranted.
- Most hospitals agreed to add in the MENA category.
- Patient Registration will need to include this option in race listing.
- The facility needs to update the claim file sent to WHAIC with the added race category.
- WHAIC will continue to perform audits to:
  - validate the addition of the MENA category; and
  - perform audits of multiple reported races.

**Unfortunately, most of our data (95%) does not include a second race.**

# Resources:

- [Disability Datasets | Disability and Health Data System \(DHDS\) | CDC](#)
- [Race and Ethnicity Data Improvement Toolkit](#)
- [Resources | Advancing Healthcare Excellence and Inclusion | HANYS](#)
- [The 2024 Statistical Policy Directive No. 15](#)
- [1997 Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity](#)
- [WHA - Integrity for Data Equity & Accuracy \(IDEA\)](#)

# Questions?



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