

May 29, 2003

CAPTURE OF RACE AND ETHNICITY CATEGORIES

1. PURPOSE: This Veterans Health Administration (VHA) Directive provide guidance and instruction on the capturing of new race and ethnicity categories and mandates the storage of this information in the Veterans Health Information Systems and Technology Architecture (VistA) system as provided in VistA patches SD*5.3*254 and DG*5.3*415 distributed January 8, 2003.

2. BACKGROUND

a. The Office of Management and Budget (OMB) developed and provided a list of standards in October of 1997 to provide consistency and comparability of data collection and use for all Federal agencies. All Federal programs that collect race and ethnicity are required to be in compliance with the standards by January 31, 2003.

b. The Secretary of Veterans Affairs approved a recommendation that “VA adopt the two-question format as its standard” for the collection of race and ethnicity data. This standard establishes a requirement for collecting, storing and displaying race and ethnicity answers separately. It also requires that VA rely on veteran or patient self-reporting of race and ethnicity data.

c. It is imperative that staff members involved in the collection and entry of patient’s race and ethnicity data be fully informed and trained in the correct process for capture and data entry of self reported race and ethnicity data.

d. Race and ethnicity information will be stored locally in the VistA Patient file and will be transmitted to national databases that currently store race information.

e. Race and ethnicity data will be used for statistical purposes only and will not affect eligibility determinations.

3. POLICY: It is VHA policy to comply with the race and ethnicity standards issued by OMB Budget Policy Directive Number 15.

4. ACTION: The medical center Director is responsible for ensuring that the capture of race and ethnicity is completed for all current users of the health care system by:

a. Using Attachment A to collect self-reported information from veterans who are already entered into VistA and, on an interim basis, from new applicants. **NOTE:** *VHA is in the process of modifying VA Form 10-10EZ, Application for Health Benefits, to incorporate the new race and ethnicity questions. Once the form has been revised and approved for publication, it will become VHA’s standard mechanism for collecting this information from new applicants.*

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b. Ensuring that self-reported race and ethnicity for veterans accessing the VA health care system is identified in VistA based on the following:

(1) Nationally Approved and/or Supported Races

- (a) American Indian or Alaska Native.
- (b) Asian.
- (c) Black or African-American.
- (d) Native Hawaiian or other Pacific Islander.
- (e) White.

(2) Nationally Approved and/or Supported Ethnicity

- (a) Spanish, Hispanic, or Latino.
- (b) No, not Spanish, Hispanic, or Latino.

c. Ensuring that veterans who are provided the Race and Ethnicity Data Collection form (Attachment A) and who return it blank or who refuse to complete the form will be reflected by entering “unknown” for both race and ethnicity.

***NOTE:** Although four collection methods are possible, the Patient Information Management Systems (PIMS) software implementation will only allow the user to select “Self Identification” as noted in the OMB Directive.*

5. REFERENCES: Office of Management and Budget Policy Directive Number 15.

6. FOLLOW-UP RESPONSIBILITY: The Chief, Business Office (16) is responsible for the contents of this Directive. Questions may be addressed to 202-254-0384.

7. EXPIRATION DATE: None. This VHA Directive expires May 31, 2008.

Robert H. Roswell, M.D.
Under Secretary for Health

Attachment

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Supplement to VA Form 10-10EZ Questions on Race & Ethnicity

Response to this questionnaire is entirely voluntary and failure to furnish this information will have no effect on any benefits to which you may be entitled.

The **Paperwork Reduction Act** of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 1 minute. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

Privacy Act Information: The VA is asking you to provide the information on this form under Title 38, United States Code, sections 1710, 1712, and 1722. The information is collected at the request of the Surgeon General and will help us track diseases that are more common in certain races and ethnicities. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration. Failure to furnish the information will not have any affect on any other benefits to which you may be entitled. If you give VA your Social Security Number, VA will use it to administer your VA benefits, to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

The Office of the Surgeon General requested that VA collect race and ethnicity information from all of our patients.

Please check the boxes that apply to you:

Ethnicities: (check one)

- Spanish, Hispanic or Latino
 No, not Spanish, Hispanic or Latino

Race: (check one or more)

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

Name: _____

Social Security Number: _____

After you have checked the boxes, which apply to you and printed your name and Social Security Number above, return this paper to the administrative area where it was provided to you.