



Connecticut Department of Public Health Policy and Procedures for Collecting Sociodemographic Data – User’s Guide

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Preface

The mission of the Connecticut Department of Public Health is to protect and improve the health and safety of the people of Connecticut by: assuring the conditions in which people can be healthy; preventing disease, injury, and disability, and promoting the equal enjoyment of the highest attainable standard of health, which is a human right and a priority of the state.

To accomplish this mission, health data of the highest quality are needed. Data provide the foundation and evidence base of public health initiatives. To be most useful, health data and statistics should represent all factors that influence population health (Friedman, Hunter, and Parrish 2002). Equipped with such information, public health agencies can describe the health of populations and the disparities within and between observed population groups, and also design programs that address the demonstrated health needs of the population.

Public health and social research have long demonstrated the important association of certain sociodemographic characteristics with differential health outcomes in members of the population (National Research Council 2004). Characteristics (or factors) such as race, ethnicity, age, gender, and English language proficiency of individuals are routinely collected in public health surveillance systems. However, the comparability of these data across national, local, and inter- and intra-departmental systems is dependent on how data are collected, recorded, and reported.

The DPH *Policy on Collecting Sociodemographic Data* was first established in 2008, following a two-year review and assessment of DPH data collection and coding practices (Nepaul, Hynes, and Stratton 2007). In 2015, revisions to this policy were undertaken by the DPH Data Collection Quality Improvement Committee. Revisions include the addition of new data elements added to both the Minimum and Ideal Standards, as well as the reformatting of the original policy to conform to the DPH Policy Template, established in 2015. Effective April 1, 2017, revisions to the policy were approved by Commissioner Raul Pino. *The Connecticut Department of Public Health Policy and Procedures for Collecting Sociodemographic Data* (Policy HE-03-000) is available on the [DPH Intranet](#) as well as on the DPH [Office of Health Equity](#) and [Health Disparities](#) webpages.

New data elements added in 2017 to the Minimum Data Standard include: level of English proficiency, preferred spoken language, and veteran status. New data elements added to the Ideal Data Standard include: preferred written language, need for interpretation, disability status, sexual orientation, and gender identity.

Introduction

The *Connecticut Department of Public Health Policy and Procedures for Collecting Sociodemographic Data – Users' Guide* is a companion document that provides detailed description of the Minimum and Ideal Data Standards for the collection of sociodemographic data in Connecticut Department of Public Health (DPH) databases.

The Users' Guide outlines *The Connecticut Department of Public Health Policy and Procedures for Collecting Sociodemographic Data*, including its purpose, procedures and processes, and a description of the flow of data. The Guide also includes tables of the minimum and the ideal DPH sociodemographic data standards with special instructions for users regarding specifics of response categories for the standards, references, and appendices, which provide detailed formats for the Minimum and Ideal Standards.

Policy and Procedures

PURPOSE

The purpose of the Connecticut Department of Public Health (DPH) *Policy and Procedures for Collecting Sociodemographic Data* is to: 1) identify minimum and ideal standards for the collection of sociodemographic data in all DPH databases for which the unit of analysis is an individual (not an institution); and 2) set the expectation that all DPH databases will employ the minimum standard by December 31, 2020 unless granted an exemption.

The minimum standard categories for race and ethnicity established by the federal Office of Management and Budget (OMB, 1997) must be used so that health-related ethnicity and race data are comparable within and across public health agencies and other social institutions. In addition, the *DPH Policy and Procedures for Collecting Sociodemographic Data* incorporates other federal mandates that require U.S. Department of Health and Human Services (DHHS) programs and their grantees to collect data on race, ethnicity, primary language, and disability status (U.S. DHHS, 2011).

DEFINITIONS

Minimum Standard for Sociodemographic Data Collection (“Minimum Standard”) – The Minimum Standard specifies sociodemographic data elements that are considered to be a minimal set for collection in DPH databases. Public health research and evidence have long demonstrated the salience of these data elements, or population characteristics, for population-based health outcomes. They include respondent: age, sex/gender, ethnicity, race, level of English proficiency, preferred spoken language, and veteran status ([Table 1](#)).

Ideal Standard for Sociodemographic Data Collection (“Ideal Standard”) – The Ideal Standard includes the data elements specified in the Minimum Standard and additional data elements, which are known to be salient for health, and which can improve public health program activities

and enhance the description of health disparities. They include respondent: age, sex/gender, ethnicity and expanded ethnicity, ancestry, race and expanded race, geography of residence, level of English proficiency, language spoken at home, preferred spoken language for medical/health care, preferred written language, preferred written language for medical/health care, need for interpretation, country of birth, immigrant status, length of years in the United States, socioeconomic position, veteran status, disability status, sexual orientation, gender identity, and other sociodemographic data of program interest, such as marital/partner status, and health insurance coverage ([Table 1](#)).

DPH Data Collection Quality Improvement Committee – This DPH standing committee was established in October 2013. Its purpose is to: 1) ensure adherence to the current DPH data collection policy and any subsequent data policy documents; 2) conduct a periodic review of existing and new DPH databases and databases that are in development to ascertain if DPH data collection standards are being met; and 3) make changes to the DPH sociodemographic data collection policy through an annual review. The DPH Data Collection Quality Improvement Committee is comprised of members from different programs/sections throughout the agency, including: Health Statistics and Surveillance, Tumor Registry, Vital Records, Infectious Diseases, Chronic Diseases, Community, Family, and Health Equity, Injury Prevention Office, Environmental Health, Practitioner Licensing and Investigation, Emergency Medical Services, Office of Healthcare Access, Public Health Laboratory, and Information Technology.

POLICY

All DPH data systems will employ the Minimum Standard for collection of data on individuals. DPH will adhere to the Minimum Standard on or before December 31, 2020. Please see [Table 2](#) on page 6 for a complete list of the Minimum Standard elements. The Minimum Standard applies to all DPH programs, and to all entities and/or individuals that are funded in whole or in part by DPH, to conduct surveillance or research, provide services, and/or generate reports of state health data.

DPH programs are encouraged to collect, record, and report any or all of the additional data elements in the Ideal Standard that inform ongoing or future work, and to enhance the capacity of DPH to assess health disparities in Connecticut. Please see [Table 3](#) on page 9 for a complete list of the Ideal Standard elements. The Ideal Standard includes the all data elements outlined in the Minimum Standard, as well as additional sociodemographic data elements.

This policy does not require redundant data collection efforts. It allows exemptions when alternate sources of information exist that can accurately provide the data specified in the Minimum Standard and there are efficient means for obtaining such data.

PROCEDURES

- The DPH Data Collection Quality Improvement Committee Chair(s) shall distribute an agency-wide notice about the revised *DPH Policy and Procedures for Collecting Sociodemographic Data*.
- This notice shall request all DPH staff members who manage databases (i.e. “data managers”) to review their data collection forms and database fields/elements in light of the new policy.

- DPH data managers (or their supervisors) shall set a timetable for implementation of the new minimum standard if their database(s) do not already meet that standard.
- In cases where a data manager or supervisor believes that a particular database should be exempt from this policy, s/he will be required to set forth the rationale for an exemption to the DPH Data Quality Improvement Committee.

Possible Exemptions to the Minimum Standard:

Surveillance, surveys, and research conducted by DPH are exempted from adherence to the Minimum Standard for data collection if any of the following circumstances apply:

- 1) The program conducting the work is required by contract to use defined data collection protocols, instruments, algorithms, and/or databases that are explicitly precluded from modification by the grantor.
- 2) Data are supplied to the DPH by another entity that is not obligated by contract or legal mandate to collect the minimum data elements, or with whom the DPH has not established a Memorandum of Understanding on data collection in accordance with the 1997 OMB standards for the classification of race and ethnicity data.

PROCESS

The DPH Data Collection Quality Improvement Committee is charged with conducting a periodic review of existing and new DPH databases and databases that are in development to ascertain if DPH data standards are being met. This process was established as part of the Committee Charter, and has been conducted since October 2013.

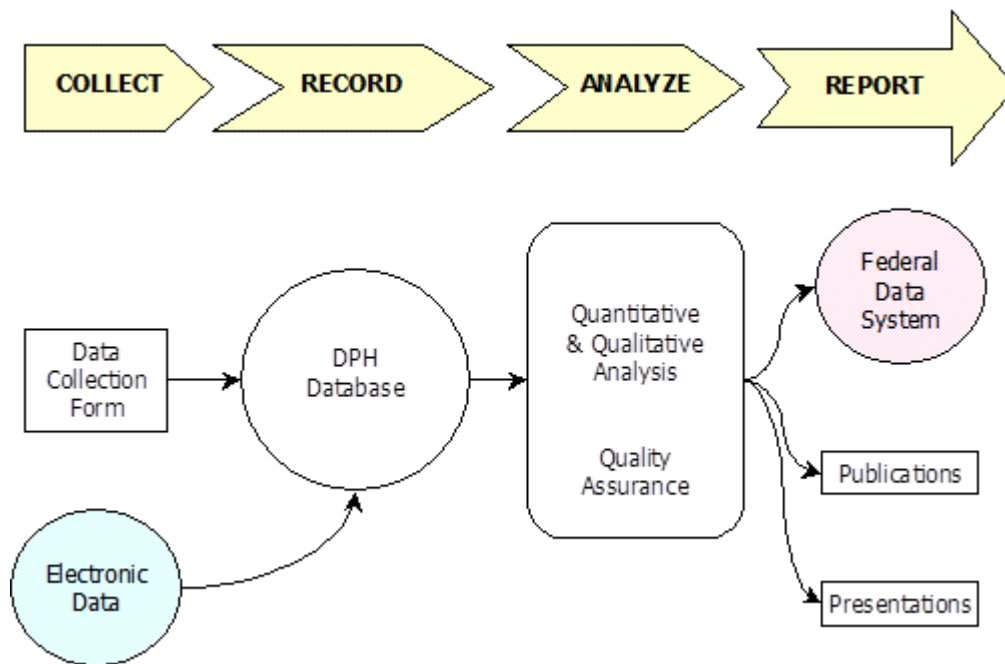
The review of the revised *DPH Policy and Procedures for Collecting Sociodemographic Data* policy will commence in October 2016. An action plan will be developed during the review process to achieve compliance, if feasible, of the identified databases in consultation with DPH database managers.

Any petitions for database exemption will be considered, and recommendations made, by the DPH Data Collection Quality Improvement Committee on a rolling basis as the petitions are submitted.

The Flow of Data

Figure 1 is a general overview of how data move through DPH surveillance systems and registries. Self- or observer-reported sociodemographic data are collected about an individual and recorded on a standard reporting form. The form is sent to DPH where the data are entered into a database. Alternatively, electronic data may originate from another source within DPH (e.g., Birth Registry, Death Registry) and/or an external entity (e.g., hospital, school-based health center, Department of Transportation) and are uploaded into a DPH database. These data are analyzed, interpreted, and summarized into a variety of outputs. Summary data may also be electronically transmitted to a federal data system.

Figure 1. The Flow of Data



At each point in this process, data may be lost or mistranslated. A way to mitigate the degradation of data quality is to standardize terms across data collection forms, databases, and reports. Consistent use of terms across data collection instruments and electronic systems facilitates generation of reports that can be easily interpreted. Moreover, consistent use of terms across systems facilitates combining and analyzing information from separate databases.

Table 1. Elements of the Minimum and Ideal DPH Sociodemographic Data Standards

Minimum Standard	Ideal Standard
Age	Age
Sex/Gender	Sex/Gender
Ethnicity	Ethnicity and expanded ethnicity
Race	Ancestry
Level of English proficiency	Race and expanded race
Preferred spoken language	Geography of residence
Veteran status	Level of English proficiency
	Language spoken at home
	Preferred spoken language for medical/health care
	Preferred written language
	Preferred written language for medical/health care
	Need for interpretation
	Country of birth
	Immigrant status
	Length of years in the United States
	Socioeconomic position
	Veteran status
	Disability status
	Sexual orientation
	Gender identity
	Other sociodemographic data of program interest

Table 2. Minimum Standard¹

When practical, self-reported information should be collected.

Data Element	Data Collection Categories	Special Instructions
Age	Date of birth <u>and</u> Date of event Age at time of event (years, months, days)	<i>Date of event may refer to the date of data collection, or another date of relevance to program objective (e.g., specimen date, date of diagnosis, date of form completion).</i>
Sex/Gender	Male Female Other, specify:	
Ethnicity	Hispanic or Latino Not Hispanic or Latino	<i>The ethnicity question is always asked before the race question. Only one ethnicity category is recorded. If “Hispanic or Latino” and “Not Hispanic or Latino” are both selected, only “Hispanic or Latino” should be recorded.</i>
Race	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White	<i>The data collection form should allow selection of multiple race categories. The database should record all selections.</i>

¹ See Appendix A for the question and answer formats.

Table 2. Minimum Standard –continued–

Data Element	Data Collection Categories	Special Instructions																		
Level of English proficiency	Very well Well Not well Not at all Unknown	<i>Federal laws affirm the right of persons with limited English proficiency (LEP) to have meaningful access to federally-funded or federally-supported services. Primary language data collection will assist DPH programs target and serve populations, comply with civil rights and health care access laws, and reduce health disparities.</i>																		
Preferred spoken language	<table border="0"> <tr> <td>Albanian</td> <td>Italian</td> </tr> <tr> <td>American Sign Language</td> <td>Korean</td> </tr> <tr> <td>Arabic</td> <td>Polish</td> </tr> <tr> <td>Chinese, Cantonese</td> <td>Portuguese</td> </tr> <tr> <td>Chinese, Mandarin</td> <td>Russian</td> </tr> <tr> <td>English</td> <td>Spanish</td> </tr> <tr> <td>French</td> <td>Vietnamese</td> </tr> <tr> <td>Greek</td> <td>Other language;</td> </tr> <tr> <td>Haitian Creole</td> <td>specify:</td> </tr> </table>	Albanian	Italian	American Sign Language	Korean	Arabic	Polish	Chinese, Cantonese	Portuguese	Chinese, Mandarin	Russian	English	Spanish	French	Vietnamese	Greek	Other language;	Haitian Creole	specify:	<i>With the exception of ASL and English, the languages listed here are derived from the IPUMS USA database on the ability to speak English by language spoken at home for the Connecticut population ages 5 years and older (American Community Survey 2012-2016). Languages were identified by counts of Connecticut residents who spoke “No English” and English “Not Well.”</i>
Albanian	Italian																			
American Sign Language	Korean																			
Arabic	Polish																			
Chinese, Cantonese	Portuguese																			
Chinese, Mandarin	Russian																			
English	Spanish																			
French	Vietnamese																			
Greek	Other language;																			
Haitian Creole	specify:																			

Table 2. Minimum Standard –continued

Data Element	Data Collection Categories	Special Instructions
Veteran status	Yes No	<p><i>Per Title 38 of the Code of Federal Regulations, refers to “a person who served in the <u>active</u> military, naval, or air service and who was discharged or released under conditions other than dishonorable.” Person could have served full-time with the Army, Navy, Air Force, Marine Corps, or Coast Guard; or served <u>active duty</u> with a National Guard or Reserve unit, the Public Health Service, Environmental Services Administration, National Oceanic and Atmospheric Administration, or U.S. Merchant Marine.</i></p>

Table 3. Ideal Standard²

When practical, self-reported information should be collected.

Data Element	Data Collection Categories	Special Instructions
Age	<i>Same as Minimum Standard</i>	
Sex/Gender	<i>Same as Minimum Standard</i>	
Ethnicity	Hispanic or Latino Cuban Mexican Puerto Rican South or Central American Other Hispanic/Latin culture or origin, regardless of race; specify: Not Hispanic or Latino	<i>Programs that have direct community involvement may consider using expanded ethnicity categories.</i>
Race	American Indian or Alaska Native; specify tribal affiliation: Asian Asian Indian Korean Chinese Taiwanese Filipino Vietnamese Japanese Other Asian; specify: Black or African American Native Hawaiian or Other Pacific Islander White Other race; specify:	<i>The data collection form should allow selection of multiple race categories. The database should record all selections.</i>

² See Appendix A for the question and answer formats.

Table 3. Ideal Standard –continued–

Data Element	Data Collection Categories	Special Instructions
Ancestry³	Specify ancestry	<i>Two types of ethnicity are defined in the 1997 OMB standard: “Hispanic or Latino” and “Not Hispanic or Latino.” Collecting information on ancestry provides additional information on persons who classify themselves as “Not Hispanic or Latino” as well as those who classify themselves as being of Hispanic or Latino.</i>
Geography of residence	Residential street address Residential city/town Residential state Residential zip code Length of time at current address Longitude* Latitude* U.S. Census FIPS Area key* MatchCode*	<i>*These data are derived from street address information. Programs may already be collecting these data instead of the residential street address.</i>

³ The U.S. Census Bureau defines ancestry as a person’s ethnic origin, heritage, descent, or “roots,” which may reflect their place of birth, place of birth of parents or ancestors, and ethnic identities that have evolved within the United States (U.S. Census Bureau 2004a).

Table 3. Ideal Standard –continued–

Data Element	Data Collection Categories		Special Instructions
Preferred written language	Albanian American Sign Language Arabic Chinese, Simplified Chinese, Traditional English French Greek Haitian Creole	Italian Korean Polish Portuguese Russian Spanish Vietnamese Other language; specify:	<i>When choosing questions from the Ideal Standard options, each DPH program should consider the source of the question, and pay close attention to the programmatic and surveillance needs of the specific program. These optional questions are included as Appendix B.</i>
Preferred written language for medical/health care	Albanian American Sign Language Arabic Chinese, Simplified Chinese, Traditional English French Greek Haitian Creole	Italian Korean Polish Portuguese Russian Spanish Vietnamese Other language; specify:	<i>When choosing questions from the Ideal Standard options, each DPH program should consider the source of the question, and pay close attention to the programmatic and surveillance needs of the specific program. These optional questions are included as Appendix B.</i>

Table 3. Ideal Standard –continued–

Data Element	Data Collection Categories	Special Instructions
Need for interpretation	Albanian Italian American Sign Language Korean Arabic Polish Chinese, Cantonese Portuguese Chinese, Mandarin Russian English Spanish French Vietnamese Greek Other language; Haitian Creole specify:	<i>When choosing questions from the Ideal Standard options, each DPH program should consider the source of the question, and pay close attention to the programmatic and surveillance needs of the specific program. These optional questions are included as Appendix B.</i>
Other indicators related to non-U.S. born status	Country of birth Immigration status Number of years in the United States	<i>The U.S. Census uses these items as indicators of “acculturation.” An expanded discussion of the term acculturation may be found in <i>The Collection of Race, Ethnicity and Other Sociodemographic Data in Connecticut Department of Public Health Databases</i> (Nepaul et al., 2007).</i>

Table 3. Ideal Standard –continued–

Data Element	Data Collection Categories	Special Instructions
Socioeconomic position	Educational attainment Employment status Occupation Personal income Household income Household size (number of persons)	
Veteran status	Yes; currently Yes; in the past No; except for initial/basic training No; never	<i>Same as Minimum Standard.</i>
Disability status 1	Difficulty hearing Difficulty seeing Difficulty concentrating, remembering, or making decisions Difficulty walking or climbing stairs Difficulty dressing or bathing Difficulty doing errands	<i>This is a six-item set of questions that should stay as a set. The questions and answer categories should not be changed.</i>

Table 3. Ideal Standard –continued–

Data Element	Data Collection Categories	Special Instructions
Disability status 2	Limited due to physical, mental, or emotional problems Any health problems requiring special equipment Difficulty seeing Difficulty concentrating, remembering, or making decisions Difficulty walking or climbing stairs Difficulty dressing or bathing Difficulty doing errands	<i>This is a seven-item set of questions that should stay as a set. The questions and answer categories should not be changed.</i>
Sexual orientation 1	Straight Lesbian or gay Bisexual	<i>Respondent can answer with either the number or the text/word. Other response options that are not read but allowed include “Other,” “Don’t know/ Not sure,” or “Refused.”</i>
Sexual orientation 2	Gay /Lesbian or gay Straight Bisexual Something else I don’t know the answer	<i>Response options vary by sex (male/female).</i>
Other sociodemographic variables	Health insurance status Marital/Partner status	

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Appendix A. Minimum Sociodemographic Data Collection Standards Format

Age

The following items were adapted from the 2017 American Community Survey (U.S. Census Bureau).

Age (in years):

-or-

Date of birth: - - -and- Date of event: - -

Month

Day

Year

Month

Day

Year

Sex/Gender

Mark (x) one box:

Male

Female

Other; specify: _____

Ethnicity

This item is based on Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity (OMB 1997) and the Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status (US DHHS, 2011).

Mark (x) one box:

Hispanic or Latino

Not Hispanic or Latino

Race

This item is based on Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity (OMB, 1997).

Mark (x) one or more boxes:

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

Language – level of English proficiency

This item is based on Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement (Institute of Medicine [IOM], 2009).

Mark (x) one box:

How well do you speak English?

Very well Well Not well Not at all Unknown

Appendix B. Minimum Sociodemographic Data Collection Standards Format

–continued–

Language – preferred spoken language

This item is based on Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement (IOM, 2009).

Mark (x) one box:

Which language do you feel most comfortable speaking?

- | | |
|---|---|
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Italian |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Chinese, Cantonese | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Chinese, Mandarin | <input type="checkbox"/> Russian |
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Other Language; specify: _____ |

Veteran status

This item is based on the 2000-2012 American Community Surveys (U.S. Census Bureau).

Mark (x) one box:

Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? *Active duty **does not** include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.*

(For Death Certificates only: Ever served in U.S. Armed Forces?)

- Yes No

Appendix B. Suggested Ideal Sociodemographic Data Collection Standards Format

This is a suggested format for the collection of additional sociodemographic data. Programs may choose to collect data elements outside of the minimum standard for which they have the resources and a clear purpose. The data elements of the minimum standard however must still be collected.

Age <i>Same as minimum standard</i>
Sex/Gender <i>Same as minimum standard</i>
Ethnicity <i>This item is based on Revisions to the Standards for the <u>Classification of Federal Data on Race and Ethnicity (OMB 1997)</u> and the <u>Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status (US DHHS, 2011)</u>.</i> Are you of Hispanic or Latino origin? <i>Mark (x) one box:</i> <input type="checkbox"/> No, not of Hispanic or Latino origin ⁱ <input type="checkbox"/> Yes; Mexican, Mexican American, or Chicano ⁱⁱ <input type="checkbox"/> Yes; Puerto Rican ⁱⁱⁱ <input type="checkbox"/> Yes; Cuban ^{iv} <input type="checkbox"/> Yes; South or Central American <input type="checkbox"/> Yes; of other Hispanic or Latin culture or origin, regardless of race; specify: _____

Appendix B. Suggested Ideal Sociodemographic Data Collection Standards Format

-continued-

Race

What is your race? Mark (x) one or more boxes to indicate what you consider yourself to be. ^v

American Indian or Alaska Native; specify name of enrolled or principal tribe: _____

Asian ^{vi}

Asian Indian

Chinese

Filipino

Japanese

Korean

Taiwanese

Vietnamese

Other Asian; specify: _____

Black or African American

Native Hawaiian or Other Pacific Islander ^{vii}

Guamanian or Chamorro

Samoan

Other Pacific Islander; specify: _____

White

Other; specify: _____

Ancestry

This question appeared in the 2000 U.S. Census. The list of potential responses was created from review of 2017-2019 American Community Survey data on persons of foreign birth in Connecticut (U.S. Census Bureau).

What is your ancestry or ethnic origin? (For example: Italian, Irish, Jamaican, Indian, Puerto Rican, Mexican, Brazilian, Haitian, Taiwanese, German, Portuguese, Afghani, Filipino, Croatian, Vietnamese, Ethiopian, American, etc.)

Self-reported ancestry: _____

Appendix B. Suggested Ideal Sociodemographic Data Collection Standards Format

-continued-

Geography of residence and related information

Residential street address

This item was adapted from the 2000 U.S. Census Individual Census Report.

What is your current home address? (Fill in fields below)

Street or road name: _____ Apartment number: _____

City/Town: _____ State: _____ Zip Code: _____

Length of time at current address

How long have you lived at this address? _____ Years _____ Months

Household size

This item was adapted from the 2017 American Community Survey.

Including yourself, how many people are currently living or staying at this address? _____

Appendix B. Suggested Ideal Sociodemographic Data Collection Standards Format

-continued-

<p>Language – preferred spoken language for medical/health care</p> <p><i>Source: DPH 2009</i></p> <p>In what language do you prefer to hear about health information? Print name of language: _____</p>
<p><i>Source: Henry Ford Health System 2011</i></p> <p>What language do you feel most comfortable using when discussing your health care? Print name of language: _____</p>
<p><i>Source: Cambridge Health Alliance 2007</i></p> <p>In what language do you prefer to discuss health-related concerns? Print name of language: _____</p>
<p><i>Source: IOM 2009, Agency for Healthcare Research and Quality (AHRQ) 2010</i></p> <p>What language do you feel most comfortable speaking with your doctor or nurse? Print name of language: _____</p>
<p><i>Source: IOM 2009, AHRQ 2010</i></p> <p>In what language do you prefer to receive your medical care? Print name of language: _____</p>
<p><i>Source: IOM 2009, AHRQ 2010</i></p> <p>What language do you want us to speak to you in? What language do you feel most comfortable speaking? Print name of language: _____</p>
<p><i>Source: IOM 2009, AHRQ 2010</i></p> <p>What language do you prefer to speak when you come to the medical center? Print name of language: _____</p>

Appendix B. Suggested Ideal Sociodemographic Data Collection Standards Format
-continued-

ⁱ Adapted from 2003 revision of the *U.S. Standard Certificate of Death*.

ⁱⁱ Ibid.

ⁱⁱⁱ Ibid.

^{iv} Ibid.

^v Note that unlike the *Census 2000 - Individual Census Report* survey cited, the race categories listed here appear in alphabetic order.

^{vi} The Asian subgroups listed below, except for “Taiwanese,” appear on the *U.S. Standard Certificate of Death*.

^{vii} The subcategories of “Native Hawaiian or Other Pacific Islander” appear on the *U.S. Standard Certificate of Death*.