



**Connecticut's Master
Implementation Toolkit for Race, Ethnicity,
Language, and Disability (REL-D)
Data Collection**

Version 4.0

Published by:
State of Connecticut
Office of Health Strategy

Release Date: September 16, 2024

Table of Contents

| | |
|--|----|
| Purpose of REL-D Master Toolkit | 4 |
| U.S. Office of Management and Budget Revisions to SPD 15 | 4 |
| REL to REL-D Data Collection Standards Document History | 5 |
| Updates to the Standards from Initial Publication to Version 3.0..... | 5 |
| Updates to REL Standards, REL Master Toolkit 3.0 to REL-D Master Toolkit 4.0 | 5 |
| Background | 9 |
| <i>Identifying and Eliminating Racial and Ethnic Health Disparities</i> | 9 |
| <i>Collection of Race, Ethnicity, Language, and Disability Data</i> | 10 |
| <i>Roles and Responsibilities Specified in PA 21-35.....</i> | 11 |
| Commission on Racial Equity in Public Health..... | 11 |
| Office of Health Strategy | 12 |
| State Agencies, Boards, and Commissions Subject to REL-D Data Collection | 14 |
| <i>2024 OMB Changes to SPD 15</i> | 14 |
| Connecticut Updates to Align with SPD 15..... | 15 |
| Reporting Requirements | 16 |
| New Race and Ethnicity Categories | 17 |
| Guidance for Implementers of REL-D Data Standards | 18 |
| Asking Patients, Clients, Consumers to Self-Report REL-D Data | 23 |
| Disability Data Collection Standards..... | 24 |
| Connecticut Disability Status Sample Questionnaire | 25 |
| OMB Sample Form for Race/Ethnicity Data Collection | 27 |
| Connecticut Sample Form for Race/Ethnicity Data Collection | 28 |
| OMB Race and Ethnicity Data Tabulation Guidance | 29 |
| Approach 1 | 29 |
| Approach 2 | 30 |

| | |
|---|-----------|
| Approach 3 | 30 |
| Sample Tabulation for Connecticut | 31 |
| REL-D Data Collection Implementation Plan Version 4.0 | 32 |
| Definitions and Descriptions | 33 |
| Timeline..... | 33 |
| <i>Activity Domains and Tasks for Implementing REL-D Standards</i> | <i>34</i> |
| Planning Activity Domain..... | 34 |
| Design Activity Domain..... | 36 |
| Build and Test Activity Domain..... | 36 |
| Training and Deployment Activity Domain..... | 37 |
| Monitoring, Maintenance, and Reporting Activity Domain: Ongoing | 38 |
| Frequently Asked Questions (FAQs) | 38 |
| Public Act 21-35 Sec. 11 Codified as C.G.S. §19a-754d | 41 |
| Appendices: Detailed Race/Ethnicity Categories and Primary Language Data Standards | 43 |
| Appendix A: Detailed Race/Ethnicity Data: American Indian or Alaska Native Category | 44 |
| Appendix B: Detailed Race and Ethnicity Data: Asian Category | 56 |
| Appendix C: Detailed Race/Ethnicity Data: Black or African American Category..... | 57 |
| Appendix D: Detailed Race/Ethnicity Data: Hispanic or Latino Category..... | 58 |
| Appendix E: Detailed Race/Ethnicity Data for Middle Eastern or North African Category..... | 59 |
| Appendix F: Detailed Race/Ethnicity Data for Native Hawaiian or Pacific Islander Category..... | 60 |
| Appendix G: Detailed Race/Ethnicity Data for White Category | 61 |
| Appendix H: Primary Language Data Standards | 62 |

Purpose of REL-D Master Toolkit

Connecticut's *Master Implementation Toolkit for Race, Ethnicity, Language, and Disability (REL-D) Data Collection* (REL-D Master Toolkit) has been developed and is maintained by the Office of Health Strategy ([OHS](#)). The purpose of the REL-D Master Toolkit is to support the implementation of REL-D data collection by health care provider organizations using electronic health record systems (EHRs) and the implementation of REL data collection standards by state agencies, boards, commissions, and contractors, as set forth in [Public Act \(PA\) 21-35](#) and later codified in C.G.S. §19a-754d. Please note that as of the Version 4.0 release, the previously named Race, Ethnicity, and Language (REL) toolkit is now the Race, Ethnicity, Language, and Disability (REL-D) toolkit.

In accordance with PA 21-35 §11(6)(b), *each health care provider with an electronic health record system capable of connecting to and participating in the State-wide Health Information Exchange as specified in section 17b-59e of the general statutes shall also, collect and include in its electronic health record system self-reported patient demographic data including, but not limited to, race, ethnicity, primary language, insurance status and disability status.*

U.S. Office of Management and Budget Revisions to SPD 15

The federal [Office of Management and Budget](#) (OMB) is the U.S. agency responsible for executing the vision of the President of the United States across the executive branches of government. On March 29, 2024, OMB announced in the United States Federal Register, [Revisions to the OMB's Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity](#). The updated race and ethnicity standards, referred to throughout the REL-D Master Toolkit as the OMB Statistical Policy Directive No. 15 or SPD 15, required that Connecticut's REL-D Master Toolkit Version 3.0 be updated to Version 4.0.

The REL-D Master Toolkit resources include an updated REL-D Implementation Plan (Version 4.0) and an updated REL-D Data Collection Standards Document (Version 4.0), and several other informational resources intended to be a comprehensive framework for the collection of REL-D data. Each section of the REL-D Master Toolkit is a stand-alone resource document in the OHS REL-D Online Resource Library; all resources are maintained on the OHS website as

a collection of informational materials on REL-D data collection in pursuit of health equity and the elimination of racial and ethnic health disparities.

REL to REL-D Data Collection Standards Document History

The tables below outline changes made to the standards since their original publication in early 2022.

Updates to the Standards from Initial Publication to Version 3.0

| Version | Section | Update |
|---|---|--|
| REL-D Data Collection Standards Document Version 3.0 December 2023 | PA 21-35 § 11 | Updated statutory reference |
| | | Deleted "for database use only" and clarified category purpose |
| | Race Standards Ethnicity Standards | Defined Spaniard |
| | | Deleted "for database use only" and clarified category purpose |
| | | Added "Latine" to the Latin American ethnicity category and combined race/ethnicity standards to comply with newly enabled PA 23-133 §1 , i.e. "Hispanic/Latino/Latina /Latine/ Spanish" |
| | | Corrected spelling of ethnicity code E703 from "Columbian" to "Colombian" |
| | Race/Ethnicity Standards | Deleted "for database use only" and clarified category purpose |
| | CT Languages ISO_639 | Deleted redundant row labeled as "Portugese" |
| | | Added "Unknown" category with code "und" |
| | | Added "English" to list of languages with code "eng" |
| | | Added "Spanish" to list of languages with code "spa" |

Updates to REL Standards, REL Master Toolkit 3.0 to REL-D Master Toolkit 4.0

OHS made updates to race and ethnicity data standards to align with the OMB's March 2024 updates to Statistical Policy Directive No. 15. Changes include but are not limited to combining race and ethnicity into a single question and the addition of a Middle Eastern and North African category separate from the White category.

| Version | Section | Update |
|---|--|---|
| REL-D Data Collection Standards and Master Toolkit 4.0 July 2024 | Revised the Format of REL Standards Documents | 1) Integrated the OMB standards for race/ethnicity and the ISO standards for primary language into the Appendices of the REL-D Master Toolkit 4.0 (this document) 2) Sunsetted the REL 3.0 standards Excel Workbook |
| | Table of Contents | Updated Table of Contents |
| | Background | 1) Added information about the OMB Revised Race and Ethnicity Standards issued on March 28, 2024 2) Deleted information about the previous OMB Race and Ethnicity Standards and the mapping between the OMB Standards and the CCIP recommendations 4) Updated references and reference links 5) Deleted the reference to definitions |
| | CT State Agencies | Deleted contact references from table heading |
| | Race Standards Original | Deleted section with unique standards for race |
| | Ethnicity Standards Original | Deleted section with unique standards for ethnicity |

| | |
|--|---|
| | <p>Race/Ethnicity Standards</p> <p>1) Deleted codes for Non-Hispanic and duplicate codes for "other ethnicities" (labeled 1, 2, and 3)</p> <p>2) Added category of Middle Eastern and North African (MENA) as a Minimum Category, separate and distinct from the White category and add Sub-Category codes for Lebanese, Iranian, Egyptian, Syrian, Moroccan, and Israeli within the MENA Minimum Category</p> <p>3) Added Sub-Categories of Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Aztec, Maya, Incan, French Canadian/French American Indian, Narragansett Indian Tribe, and Taino in the Minimum Category of American Indian or Alaskan Native to reflect the most populous tribal categories in Connecticut from the 2020 Census data</p> <p>4) Deleted Sub-Categories of Alaskan Native and Iroquois in the Minimum Category of American Indian or Alaskan Native</p> <p>5) Deleted Sub-Categories of Burmese, Hmong, Indonesian, Malaysian, Nepalese, Sri Lankan, and Taiwanese in the Minimum Category of Asian, to reflect 2020 Census data</p> <p>6) Added Sub-Categories of Barbadian, Congolese, Ethiopian, Ghanaian, Nigerian, St. Lucian, Trinidadian, and Tobagonian in the Minimum Category of Black of African American, to reflect 2020 Census data.</p> <p>7) Deleted Sub-Categories of African and Dominican in the Minimum Category of Black of African American, to reflect 2020 Census data</p> <p>8) Added Sub-Categories of Brazilian and Hispanic in the Minimum Category of Hispanic/Latino/Latina Latine/Spanish</p> |
|--|---|

| | |
|--|--|
| | <p>9) Deleted the word "Other" from the Minimum Category of "Native Hawaiian or Other Pacific Islander" as required by Revised OMB Directive</p> <p>10) Added Chamorro as its own Sub-Category and Fijian as a new Sub-Category in the Minimum Category of Native Hawaiian or Pacific Islander to reflect 2020 Census data</p> <p>11) Deleted Sub-Categories for Arab, European, and Middle Eastern and North African in the White Minimum Category, in accordance with the Revised OMB Directive to add the MENA Minimum Category</p> <p>12) Added Sub-Categories for English, French, French Canadian, German, Irish, Italian, Polish, Russian, Scottish, and Swedish to the White Minimum Category to reflect the 2020 Census data</p> <p>13) Deleted Sub-Categories "some other race" because race is not being collected as a unique category in accordance with Revised OMB Directive</p> <p>14) Deleted multiple duplicative codes for Decline/ Unsure/Unable/Not Disclosed for Race and for Ethnicity</p> <p>15) Re-ordered the six OMB Minimum Categories into alphabetical order</p> <p>16) Revised Sub-Category code structure to reflect a combination of the CCIP Sub-Categories and the Revised OMB Directive (RE-100 through RE-900)</p> <p>17) Added the Minimum Data Categories and examples of Sub-Categories from the Revised OMB Directive</p> <p>18) Revised the instructions</p> <p>19) Deleted the column with OMB Race/Ethnicity codes and column for CCIP Race codes</p> |
|--|--|

| | |
|---|---|
| REL Example Questions and Response Options | Replaced the Example Questions and Response Options in REL 3.0 with the section titled, "Asking Patients, Clients, Consumers to Self-Report REL-D Data" |
| Disability Standards | Added background with links on disability standards |
| Sample Forms | <ol style="list-style-type: none"> 1) Added a sample race/ethnicity data collection form from OMB Revised SPD guidance 2) Added Connecticut's sample race/ethnicity form 3) Added Connecticut's sample disability questionnaire form |
| Race/Ethnicity Tabulation Guidance and Example | <ol style="list-style-type: none"> 1) Added tabulation guidance from the OMB SPD 15 update 2) Added a tabulation example based on the OMB SPD 15 update 3) Deleted the REL mock data tabulation from the REL 3.0 Excel workbook. |

For Version 4.0 of the REL-D toolkit, OHS added guidance on data collection related to disabilities (see pages 25–26).

Background

Identifying and Eliminating Racial and Ethnic Health Disparities

In 1985, a report was issued by the U.S. Department of Health and Human Services (DHHS) with evidence of disparities in the health status and inequities in health care services to people of the following ethnic groups: Blacks, Hispanics, Native Americans, and those of Asian/Pacific Islander heritage in the United States. The [Report of the Secretary's Task Force on Black and Minority Health](#), known as The Heckler Report, was issued by the Secretary DHHS, Margaret Heckler, who established the Task Force and called for a comprehensive report on race and ethnicity-based health disparities. The Heckler Report identified significant disparities for Black and minority populations with specific health conditions, and the Secretary's Task Force made nine recommendations to begin to address the stark disparities identified in the report's data. One recommendation in the Heckler Report (#7) focused on

improving the collection and use of data to gain better understanding of racial health disparities, calling for DHHS to undertake activities such as enhancing vital records data in states and “incorporating specific racial/ethnic identifiers in databases”.

At the time The Heckler Report was released, most medical records were paper documents filed in chart folders. While many health researchers readily adopted the practice of collecting racial and ethnic identifiers, it took over 30 years for the majority of physician practices to have the technical capability to collect the discreet data elements in an electronic health record system (EHR) necessary for a more comprehensive view of health disparities across populations. By 2021, every hospital and most medical practices in the state had adopted EHR technology, and Connie, Connecticut’s State-wide health information exchange (HIE) had been established, paving the way for more informed research on all types of health conditions and social factors impacting the state’s Black and minority populations.

Collection of Race, Ethnicity, Language, and Disability Data

Public Act 21-35 (PA 21-35), signed into law in 2021, established the Commission on Racial Equity in Public Health and mandated the collection of race, ethnicity, language data by any state agency, board or commission that directly, or by contract with another entity, collects demographic data concerning the ancestry or ethnic origin, ethnicity, race or primary language of residents of the state in the context of health care or for the provision or receipt of health care services or for any public health purpose.

Section 11 of PA 21-35 also requires all health care providers in Connecticut with an EHR system capable of connecting to and participating in State-wide health information exchange to collect and include in its EHR system self-reported patient demographic data including, but not limited to, race, ethnicity, primary language, insurance status and disability status. The statute requires OHS to engage stakeholders and develop standard codes and fields for the demographic data categories of race, ethnicity, language, and disability (REL-D standards). In passing this new law, Connecticut’s General Assembly (CGA) is advancing the ability for health researchers to identify health disparities related to race and ethnicity more quickly and with more granularity, allowing systemic causes for disparities to also be identified, so targeted interventions can be developed, applied, and studied.

An example of the usefulness of REL-D data in identifying racial disparities in health outcomes was illustrated in research done by Kaiser Health Foundation with hospital data compiled by

the [Centers for Disease Control](#). In this study, Black, Hispanic, and Alaskan Native populations were shown to have higher incidences of COVID infections, hospitalizations, and mortality than those of White and Asian descent.

The guidance in this document is intentional in its flexibility for describing how and when to collect REL-D data in accordance with existing workflows. In addition to this document, OHS suggests that organizations review the OMB Statistical Policy Directive No. 15, and examine other sources made available by the U.S. Health and Human Services [Think Cultural Health](#) program.

Roles and Responsibilities Specified in PA 21-35

Commission on Racial Equity in Public Health

Connecticut's Commission on Racial Equity in Public Health (the Commission) was established with the **purpose of eliminating health disparities and inequities in health outcomes for all sectors**. The Commission is required to address the incorporation of health and equity into a comprehensive strategic plan with focused considerations for addressing racial disparities across nine public policy domains or sectors that have an impact on individual and community health.



Public Policy Domains for Consideration by the Commission on Racial Equity in Public Health

The Commission's strategies are to address policies, programs, and government decision-making processes that may include but are not limited to:

- **Disparities** in laws and regulations impacting public health
- **Disparities** in the criminal justice system
- **Disparities** in access to resources, including, but not limited to, healthy food, safe housing, public safety and environments free of excess pollution
- **Disparities** in access to quality health care

Not all of the Commission's wide-reaching duties as promulgated in PA 21-35 correlate to REL-D data collection by health care providers using EHR systems and state systems collecting data in the context of health care; this document is focused on REL-D data collection into those systems. The Commission is charged with reporting reductions in measurable health disparities based on race and ethnicity to the CGA Joint Committees for health care utilization and outcome indicators that include:

- Health insurance coverage rates
- Pregnancy and infant health outcomes
- Emergency room visits and deaths related to conditions associated with exposure to environmental pollutants, including respiratory ailments
- Quality of life
- Life expectancy
- Lead poisoning
- Access to adequate healthy nutrition
- Self-reported well-being surveys

Office of Health Strategy

Connecticut's REL strategies were informed by the work of the [OHS Community and Clinical Integration Program \(CCIP\)](#), born from Connecticut's [State Innovation Model](#) (SIM) testing grant, a multi-year investment in healthcare payment and delivery transformation made by the Centers for Medicare and Medicaid Innovation ([CMMI](#)). OHS directs numerous ongoing initiatives established by SIM. OHS also provides oversight and coordination for statewide health IT and health information exchange (HIE) strategies.

In 2021, Public Act 21-35 directed OHS to establish common REL data collection standards using the [OMB](#) standards for race and ethnicity data, and using the International Organization for Standardization ([ISO](#)) standards for language data. PA 21-35 also requires health care providers with EHR systems to collect patients' self-reported insurance status (a common practice) and disability status (an inconsistent practice). The collection of self-reported disability status in EHRs is an advancing federal priority with

In 2021 OHS developed the REL Implementation Plan (Version 1.0) and the REL Data Collection Standards (Version 1.0). In 2022, minor updates made to both documents created Versions 2.0 and 2.1. The release of the REL Master Toolkit (Version 3.0) included the REL Implementation Plan (Version 3.0) and the REL Data Collection Standards Document (Version 3.0).

In March of 2024, the OMB released updates to Statistical Policy Directive No. 15 (SPD 15). Overall, the changes were consistent with the direction Connecticut has been moving towards in recent years. Following Connecticut's lead, the OMB race and ethnicity data standards now prioritize more granular data collection beyond the minimum race and ethnicity categories that had been the basic standard for nearly three decades. OHS updated the REL Master Toolkit (Version 4.0) to align with OMB guidance around collecting race and ethnicity data through a single combined question and added the Middle Eastern and North African (MENA) category as a stand-alone grouping, while previously the MENA sub-categories of ethnicity had been included under the White category. Version 4.0 of the Master Toolkit also includes guidance on collecting **disability status** from patients (pages 17-25); this addition accounts for the "D" that has been added to the acronym for the data collection standards for race, ethnicity, language, and disability (REL-D).

OHS is committed to robust and inclusive stakeholder engagement to gather input on new or revised guidance documents and feedback on current REL-D standards. In addition to developing and maintaining the REL-D Data Collection Standards, the REL-D Implementation Plan, and the other resources included in the REL-D Master Toolkit, OHS also facilitates collaborative activities among state agencies impacted by the REL-D data collection requirements. Monthly meetings are organized and staffed by OHS to support shared learnings, collect progress notes, identify challenges, discuss standards that may need to be updated, and brainstorm training and communication strategies.

Provider organizations impacted by Connecticut's REL-D data collection mandate are invited to participate in a variety of engagement activities with other providers for **peer-to-peer learning opportunities, communication training roundtables, and facilitated Q&A webinars**. Provider engagement activities are being led by **Yale University's Equity Research and Innovation Center** ([Yale ERIC](#)) through generous support from the Connecticut Health Foundation.

OHS will facilitate online provider information sessions by leveraging relationships with provider associations, community groups, members of the Health IT Advisory Council, Connie staff, the Health Care Cabinet, the Consumer Advisory Council, the Cost Growth Benchmark Stakeholder Advisory Board, and other stakeholder groups willing to share information about REL-D data collection requirements for the elimination of racial and ethnic health disparities.

Feedback collected during provider engagement activities will inform future iterations of the resources in the REL-D Master Toolkit.

OHS appreciates comments and insights from all interested parties. Please send questions and other communications to OHS@ct.gov.

State Agencies, Boards, and Commissions Subject to REL-D Data Collection

Collection of race, ethnicity, and language (REL-D data is mandatory for “any state agency, board or commission that directly, or by contract with another entity, collects demographic data concerning the ancestry or ethnic origin, ethnicity, race or primary language of residents of the state in the context of health care or for the provision or receipt of health care services or for any public health purpose.” The entities include but are not limited to agencies and contractors that provide clinical services, behavioral health services, community health services and support, and public health services and surveillance. The following chart, which may be expanded, provides an initial list of agencies identified as having data systems that are subject to voluntary, self-reported REL data collection. PA 21–35 does not include the requirement for state agencies, boards, or commissions to collect self-reported disability data.

Table 1:
CT Agencies Working to Implement REL Data Collection Standards

| |
|--|
| Department of Aging and Disability Services |
| Department of Children and Families |
| Department of Correction |
| Department of Developmental Services |
| Department of Mental Health and Addiction Services |
| Department of Public Health |
| Department of Social Services |
| Department of Veterans Affairs |
| Office of the Chief Medical Examiner |
| Office of Health Strategy |

2024 OMB Changes to SPD 15

On March 29, 2024, OMB announced in the United States Federal Register, [Revisions to the OMB's Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity](#). The original Statistical Policy Directive No. 15 (SPD 15) was developed in 1977 and has been updated only once before, in 1997. While there was a 20-year gap between original development and the 1997 update and a 27-year gap between then and the 2024 update, OMB has committed to updating SPD 15 at least once every 10 years going forward.

The 2024 OMB Revisions to SPD 15 provide more specificity in the collection of race/ethnicity data based on research done in collaboration with the U.S. Census Bureau and the American Community Survey. A significant change to previous OMB guidance is the requirement to combine race and ethnicity into the single question stem, ***“What is your race and/or ethnicity?”***, with instructions to make clear that respondents may select multiple race/ethnicity groups: ***“Select all that apply and enter additional details in the spaces below.”***

OMB also removes outdated, offensive terminology in race and ethnicity data categories and aims to provide balance across the race and ethnicity definitions. Most terms and phrases in the OMB Revisions are not used in Connecticut's standards for health care providers and state agencies, however the full list of revisions is provided for reference.

- The phrase *“who maintains tribal affiliation or community attachment”* was removed from the American Indian or Alaska Native (AIAN) definition.
- The phrase *“(including Central America)”* was changed to listing *“Central America”* co-equally with *“North America and South America”* in the AIAN definition.
- The term *“Far East”* was replaced with *“Central or East Asia”* and the term *“Indian Subcontinent”* was replaced with *“South Asia”* in the Asian definition.
- The term *“Negro”* was removed from the Black or African American definition.
- Listing *“Cuban”* twice was corrected in the Hispanic or Latino definition.
- The language *“. . . regardless of race. The term ‘Spanish origin’ can be used in addition to ‘Hispanic or Latino’”* was removed from the Hispanic or Latino definition.
- The term *“Other”* was removed from the *“Native Hawaiian and Other Pacific Islander”* category name.
- The updated standards require that *“the terminology ‘Multiracial and/or Multiethnic”* rather than *“Two or More Races”* must be used when presenting data for those who identify with multiple race/ethnicity minimum reporting categories.
- The terms *“majority”* and *“minority”* are no longer permissible in tabulations except when statistically accurate and used for statistical descriptions, or when legal requirements call for use of the terms.

Connecticut Updates to Align with SPD 15

Connecticut has been advancing the collection of race and ethnicity data by state agencies with a public health interest per PA 21-35 Section 11 in 2021. Prior to the 2024 OMB update,

Connecticut had updated guidance to reflect culturally appropriate language related to race and ethnicity. Additionally, Connecticut has been collecting granular race and ethnicity data and providing guidance on how to best tabulate and report on that data.

With the intention to align with OMB guidance as much as possible without hampering the identified goals and implementation of PA 21-35, Connecticut has:

- Combined the previous race and ethnicity questions into a single question,
- Added Middle Eastern and North African to the minimum race and ethnicity categories.

For entities included in PA 21-35, Connecticut's approach complies with the OMB guidance while including the following permissible variation in the presentation of subcategories and inclusion of a 'refuse to identify' option.

1. OMB guidance suggests either listing subcategories in alphabetical order or in the order of U.S. population ranking. Connecticut will list subcategories in the order of Connecticut population ranking according to the 2020 Census¹ on the Standard Data Collection form (see page 24).
2. OMB guidance suggests allowing respondents to refuse to identify without explicitly listing the refusal as an option on forms. In compliance with PA 21-35, Connecticut will include an option on its standard form for individuals who choose not to identify in any category of race/ethnicity.

Reporting Requirements

Connecticut's reporting requirements are closely aligned with OMB with the exception of also tabulating and reporting the 'refusal to identify' and 'I am not sure/don't know', both in terms of sum total and percentages.

Table 2: Comparison of OMB Race/Ethnicity Standards to Connecticut 3.0

| Connecticut Approach | Comparison to OMB Approach |
|---|---|
| The number or percentage of individuals who identify with each ethnic or racial designation as their sole ethnic or racial | Aligns with OMB Approach 1; report on categories alone or in combination. |

¹ <https://www.census.gov/library/visualizations/interactive/detailed-race-ethnicities-2020-census.html>

| | |
|---|--|
| designation and not in combination with any other ethnic or racial designation; | |
| The number or percentage of individuals who identify with each ethnic or racial designation, whether as their sole ethnic or racial designation or in combination with other ethnic or racial designations; | Aligns with OMB Approach 1; report on categories alone or in combination. |
| The number or percentage of individuals who identify with multiple ethnic or racial designations ; and | Aligns with OMB Approach 1; report on categories alone or in combination. |
| The number or percentage of individuals who do not identify or refuse to identify with any ethnic or racial designations | Differs from OMB data collection and reporting guidance. Connecticut explicitly collects and reports on 'do not identify' or 'refuse to identify' response data. |
| The number or percentage of individuals who are unsure about or do not know their race/ethnicity. | Differs from OMB data collection and reporting guidance. Connecticut collects and reports on "I am not sure/don't know" to capture individuals uncertain about their race/ethnicity. |

New Race and Ethnicity Categories

Per OMB guidance, race and/or ethnicity are now combined into seven minimum categories. An eighth category, "I choose not to Identify" is a Connecticut-specific option in accordance with [C.G.S. 19a-754d\(4\)](#) which requires an option be provided to individuals to refuse to identify with any ethnic or racial designations. As a measure of inclusiveness, OHS added a ninth category, "I am not sure/don't know", for those individuals uncertain about their race/ethnicity.

Table 3: New CT Race/Ethnicity Response Categories (New OMB SPD 15 + Two CT-Specific Categories)

| | |
|----------------------------------|--|
| American Indian or Alaska Native | Middle Eastern or North African (MENA) |
| Asian | Native Hawaiian or Pacific Islander |
| Black or African American | White |
| Hispanic or Latino | I choose not to identify (Connecticut) |
| | I am not sure/don't know (Connecticut) |

Guidance for Implementers of REL-D Data Standards

The following guidance categories and topics are intended to support provider organizations and state agencies required to collect REL-D data. Some guidance may not apply to every organization.

A key principle underlying the REL-D initiative is self-reporting of data by patients/clients to health care providers and state agency programs. It is important that provider organizations, state agencies, boards, commissions, or contractors do not assume or judge any individual's ethnic and racial identity, written and spoken language, or disability status without asking. It is also important to avoid making assumptions about the person based upon shared membership. While some federal programs may require "observed" values of race and/or ethnicity to be noted within a form when an individual does not elect to self-report race and ethnicity data, Connecticut's REL-D program is intended to include self-reported data only.

Likewise, Individuals may choose not to self-report an observed disability if they do not consider themselves to be disabled.

Legal and Regulatory Compliance

- **Legal Preparation:** Review PA 21-35 and become familiar with the REL-D data standards. Review OMB Statistical Policy No. 15 for federal guidance. Conduct a comprehensive review of the specific legal requirements and regulations governing the collection of race, ethnicity, language, and disability data, including any recent updates or amendments. Refer to the *Document History* table that follows the *Table of Contents* for updates and/or amendments to this document.
- **Legal Counsel:** Consider seeking legal counsel and/or engaging consulting support with expertise in data privacy and civil rights to provide guidance on compliance with the law. Consider whether your organization or agency is subject to other federal and state laws that may impact the organization or agency's collection of REL-D data.

Data Collection Framework

- **Data Sources:** Identify the channels and interactions where data collection will take place, including but not limited to application forms, patient surveys, assessment forms, and online patient portals connected to an electronic health record (EHR). Identify touchpoints and interactions with patients or clients where data collection will occur, such as in registration forms, intake forms, and as part of an (EHR).

- **Data Collection Processes and Procedures:** Establish clear procedures within the organization for data collection, including how to ask questions related to race, ethnicity, language, and disabilities, and how to record responses from patients/clients (See FAQs and examples below).
- **Data Categories:** Determine the specific data categories for race, ethnicity, language, and disabilities; ensure alignment with the definitions provided in this document.

Data Privacy and Security

- **Informed Consent:** Inform patients or clients of the purpose of data collection, ensure their understanding, and emphasize that providing this information is voluntary.
- **Privacy Policy:** Develop or update a comprehensive privacy policy that outlines how collected data will be used, stored, and protected. Ensure the policy complies with state and federal data protection laws and clearly outlines the purpose of data collection, how data will be used, stored, and protected, and individuals' rights regarding their data.

Staff Training and Awareness

- **Training:** Conduct thorough training sessions for staff responsible for data collection, focusing on the importance of collecting data accurately and in a non-discriminatory manner.
- **Cultural Sensitivity:** Provide cultural sensitivity training to staff to ensure respectful and unbiased interactions during data collection.

Data Collection Tools

- **Survey and Application Design:** Design or modify data collection tools, such as surveys and application forms, to include the required granular data fields for race, ethnicity, language, and disabilities.
- **Language Access:** Data collection materials should be available in multiple languages to accommodate patient/client populations. Consider recording document translations.
- **Telephone/In-Person Interviews:** Develop or revise interview scripts including prompts on how and when to probe. Consider using interpreter services.
- **Digital Forms:** Develop or modify electronic forms within an EHR system and other data collection platforms to include the required granular data fields for race, ethnicity, language, and disabilities.
- **Paper Forms:** Modifying existing paper forms to collect granular race, ethnicity, language, and disability data from clients requires careful consideration of the form's design, the

questions in a form, and form instructions to ensure accurate data collection, in compliance with REL-D data collection requirements, and demonstrating cultural sensitivity to potential patient or client concerns. Connecticut's sample form for race and ethnicity data collection is shown on page 27. OHS language standards do not require an organization or agency to list the 700+ languages on paper intake forms. While it is important to be inclusive and provide language assistance to individuals with diverse language preferences, it is not practical or necessary to list every language spoken worldwide on a form.

Modification of Existing Forms

- **Evaluate Current Forms:** Review the organization's or agency's existing paper and electronic forms to assess how race, ethnicity, language, and disability data is currently collected. Identify areas that need modifications to bring in alignment with Connecticut standards.
- **Redesign the Forms:** Create new form sections or modify existing ones to include the necessary data fields. Consider the following:
- **Race and Ethnicity:** Design in alignment with Connecticut standards (please see CT sample form).
- **Language:** Include a section for clients to indicate their preferred language(s) for spoken and written communication.
- **Provide Clear Instructions:** Add concise and easy-to-understand instructions at the beginning of the form, explaining the purpose of collecting this information, emphasizing its voluntary nature, and assuring confidentiality.
- **Offer "Do Not Identify or Refuse to Identify" Option:** Include an option for clients who prefer not to disclose their race, ethnicity, language, or disability status.
- **Cultural Sensitivity:** Ensure that the form uses respectful and culturally sensitive language when addressing these topics.
- **Review and Test:** Carefully review the modified forms to ensure they are clear, unambiguous, and free from errors. Consider testing the forms with a small group of clients for feedback.
- **Data Security Protocols:** Data collection and data storage must comply with federal and state laws for safeguarding data; industry best practices should be followed.
- **Launch and Training:** Provide training to staff responsible for collecting data,

emphasizing sensitivity and accuracy.

- **Monitor and Adapt:** Continuously monitor the collection process and forms' effectiveness. Collect feedback from clients and staff to identify any issues or areas for improvement.
- **Communication:** Inform clients through various communication channels about the updated forms and the reasons for collecting this data, including website announcements, signage, and in-person explanations.
- **Evaluation:** Periodically assess the effectiveness of the modified forms in collecting granular race, ethnicity, language, and disability data.

Principles for Language Standards

- **Identification of Key Languages:** Identify and include the most commonly spoken languages in the organization's service area. These will be the languages most likely to be regularly encountered.
- **Use of Standardized Codes:** Use standardized language codes and abbreviations to represent languages. This supports standard data collection and reporting.
- **Language Assistance Services:** Intake and registration forms should include information about the availability of language assistance services, such as interpretation and translation for individuals with limited English proficiency (LEP).
- **Clear Language Preference Section:** Include a section in an intake or registration form where individuals can specify their preferred language for communication. This allows collection of important language data from each individual patient or client.
- **Translations:** If applicable, provide translated versions of the intake or registration forms in the languages most commonly spoken by the population served. These translations should be double checked to ensure translations are accurate and culturally appropriate.
- **Training and Awareness:** Train staff and contractors to ensure understanding of the importance of collecting accurate language data and how to offer language assistance services to LEP individuals.
- **Continuous Improvement:** Regularly review the organization's or agency's intake and registration forms for potential changes to forms, with language assistance practices based on feedback, changing demographics, and emerging best practices.

Data Collection Procedures

- **Data Collection Procedures:** Establish clear, standard procedures for data collection,

including scripts for staff and guidelines for recording patient or client responses.

- **Clear Non-Discrimination Policies:** Emphasize the importance of non-discrimination and inform the individuals that providing REL-D information is voluntary. When asking patients to provide race, ethnicity, language and disability data, it is important to be sensitive, clear, and respectful.

Data Validation and Quality Assurance

- **Validation Process:** Implement data validation checks for consistency and error detection to ensure data is accurate and conforms to defined categories.
- **Quality Assurance:** Conduct regular quality assurance checks and audits of the data collection process to monitor accuracy and address issues.
- **Update Data Processing Procedures:** Ensure that the organization's or agency's data processing procedures are aligned with the modified forms. Verify that data collection personnel are trained how to use the updated forms.

Reporting and Analysis

- **Data Analysis:** Develop data analysis protocols to extract meaningful insights, identify disparities, and assess compliance with legal requirements and data conformance to standards.
- **Reporting:** Generate periodic reports on race, ethnicity, language, and disability data, including trends and analysis, and make these reports available to relevant stakeholders as required by law. OMB advises agencies to report on the methodology used for data collection (e.g., patient-administered paper form, patient-administered electronic form with drop down menu of major categories and subcategories, etc.).
- **Monitoring and Compliance:** Regularly monitor data collection efforts to ensure ongoing compliance with legal mandates and adapt to any changes or updates in the law.
- **Evaluation and Reporting:** Periodically evaluate the effectiveness of the implementation plan and report progress, findings, and adjustments to relevant authorities or stakeholders, as required by law.

Public Awareness and Communication with Community Organizations

- **Community Engagement:** Engage with communities and individuals through public awareness campaigns, meetings, or forums to explain the importance of collecting this data and how it will be used to promote equity and inclusivity.
- **Transparency:** Maintain transparency by openly sharing the objectives and

methodologies of data collection with stakeholders and the public. Provide progress reports to the Commission on Racial Equity in Public Health, the Connecticut General Assembly, State Agency commissioners, Connecticut provider and hospital associations, and various consumer groups (and others) on a regular basis.

Continuous Improvement

- **Feedback Mechanisms:** Establish regular feedback mechanisms for staff, respondents, and stakeholders to provide input on the data collection process and suggest improvements.
- **Evaluation:** Periodically evaluate the effectiveness of the data collection efforts, considering feedback and emerging best practices.

Budget and Resources

- **Sufficient Resources:** Allocate sufficient budget, staffing, and resources to support the effective implementation of the data collection plan, including staff training, technology infrastructure, data cleansing, and security measures.

Review and Adapt

- **Monitor the Landscape:** Regularly review and adapt the implementation plan to address any changing legal requirements, technological advancements, or emerging best practices in data collection and privacy.

Asking Patients, Clients, Consumers to Self-Report REL-D Data

Emphasize Quality and Health Equity Goals

Provide Assurance that Data Collection is Voluntary and Confidential

When collecting REL-D data from individuals receiving care, it is important to emphasize that responses are voluntary, and that data will not be shared or used outside the permitted purposes of HIPAA. It is considered a best practice to include a brief explanation of the importance of REL-D data collection to improving health care quality and advancing culturally competent care. Some examples of explanatory statements are provided below.

| Topics | Explanatory Examples |
|------------------------------------|--|
| Collecting Race and Ethnicity Data | "We are committed to providing the best possible care to the individuals we serve. To help us better understand your health care needs, please indicate your race and ethnicity. Select all that apply. This information is voluntary and will be kept |

| | |
|---|--|
| | confidential." |
| Collecting Race/Ethnicity Data | "To ensure that we provide culturally sensitive care, please share your race and ethnicity with us. You may also describe it in your own words if you prefer. Select all that apply and enter additional details in the spaces below. This information is voluntary and will be kept confidential." |
| Collecting Primary Language Data | "In what language(s) do you prefer to communicate regarding your care? This helps us ensure effective communication during your visits. This information is voluntary and will be kept confidential." |
| Collecting Race, Ethnicity, and Language Data | "Studies show that our unique backgrounds and experiences may place us at differing risks for some diseases. We are working to reduce these risks by making sure that each and every patient receives high quality care regardless of their background. The information is voluntary and will be kept confidential." |
| Collecting Race, Ethnicity, and Language Data | "We respect your unique identity and cultural preferences. Please answer the following questions to help us serve you better. Your responses will be kept confidential." |
| Collecting Disability Data | "As part of our quality improvement practice, we are asking patients about functional challenges they may experience in their daily living. Answering the questions is voluntary and the information will be treated confidentially." |

Disability Data Collection Standards

OHS REL-D Implementation Plan and Master Toolkit (4.0)

Public Act 21-35 (CGS Sec. 19a-754d) mandates that OHS consult with consumer advocates, health equity experts, state agencies and health care providers to develop and implement Race, Ethnicity, and Language, standards. Throughout this consultation process, providers have shared the desire for OHS to develop standards related to disability data collection.

Additionally, CGA Sec. 19a-754d requires that each health care provider with an electronic health record system capable of connecting to and participating in the State-wide Health Information Exchange also collect insurance status and self-reported disability status².

In determining the disability data collection standards, OHS reviewed various disability data collection standards adopted by other states^{3,4}, as well as the data standards adopted by

² P.A. 21-35 does not include the requirement for state agencies, boards, or commissions to collect self-reported disability data.

³ https://www.shvs.org/wp-content/uploads/2024/01/Collection-of-Self-Reported-Disability-Data-in-Medicaid-Applications_SHVS.pdf

⁴ <https://www.shvs.org/a-health-equity-data-and-accountability-infrastructure-for-massachusetts/>

the HHS Data Council⁵, the principal advisory body to the Secretary on HHS data policy, under the auspices of Section 4302 (understanding health disparities: data collection and analysis) of the Affordable Care Act (ACA)⁶.

The disability standard for data collection adopted by OHS represents a minimum standard with six required questions and answer categories used by the American Community Survey⁷ and other major surveys to measure disability in a format consistent with the International Classification of Functioning, Disability, and Health. This question set defines disabilities from a functional perspective, allowing disparities between the 'disabled' and 'nondisabled' population to be monitored over time. Additional questions on disability may be added to the survey as long as the minimum standard is included.

OHS is aware of possible underrepresentation of certain disabilities^{8 9} within the ACS-6 standards. Considering there are active conversations occurring at the national level and no accepted alternative by the Census Bureau, OHS has decided to include an optional question that provider organizations may include to identify the extent of underrepresentation of certain disabilities. OHS will continue to monitor developments and update the toolkit as appropriate.

Connecticut Disability Status Sample Questionnaire

Voluntary and Self-Identified by Respondent

The Centers for Disease Control defines disability as any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).¹⁰ Information shared with a health care provider is intended to promote health equity, improvement in patient care, and regulatory compliance. The information collected is not a clinical diagnosis of a disability and will not be used for eligibility determination for

⁵ <https://aspe.hhs.gov/reports/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-disability-0#V>

⁶ <https://www.medicaid.gov/medicaid/quality-of-care/downloads/4302b-rtc-2014.pdf>

⁷ https://www.census.gov/content/dam/Census/library/working-papers/2023/acs/2023_Steinweg_01.pdf

⁸ <https://www.sciencedirect.com/science/article/abs/pii/S1936657417302194?via%3Dihub>

⁹ [Comparing Measures Of Functional Difficulty With Self-Identified Disability: Implications For Health Policy | Health Affairs](#)

¹⁰ <https://www.cdc.gov/nccddd/disabilityandhealth/disability.html>

federal or state benefits, programs, or services. If you have any specific medical concerns or require a formal diagnosis, please consult with your healthcare provider.

| Questions | Response Options | Notes |
|--|---|--|
| 1. Are you deaf or do you have serious difficulty hearing? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer <input type="checkbox"/> I am not sure / don't know | No age threshold. |
| 2. Are you blind or do you have serious difficulty seeing, even when wearing glasses? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer <input type="checkbox"/> I am not sure / don't know | No age threshold. |
| 3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer <input type="checkbox"/> I am not sure / don't know | Question applies to those 5 years or older. |
| 4. Do you have serious difficulty walking or climbing stairs? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer <input type="checkbox"/> I am not sure / don't know | Question applies to those 5 years or older. |
| 5. Do you have difficulty dressing or bathing? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer <input type="checkbox"/> I am not sure / don't know | Question applies to those 5 years or older. |
| 6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer <input type="checkbox"/> I am not sure / don't know | Question applies to those 15 years or older. |
| 7. Do you have a disability that is not represented in the above questions? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer <input type="checkbox"/> I am not sure / don't know | Optional, No age threshold |

CT Gen. Stat. Sec. 19a-754d requires most healthcare provider organizations to collect race, ethnicity, language, disability, and insurance statuses, for their patients. **Providing this information is voluntary.**

OMB Sample Form for Race/Ethnicity Data Collection

Questions are in the recommended format, per the OMB Guidance

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.*

Connecticut Sample Form for Race/Ethnicity Data Collection

Notes: 1) The six checkbox options and additional listed options for each category represent the ten most reported race/ethnicities in each category from Connecticut's 2020 Census Report. 2) The absence of checkboxes under American Indian and Alaska Native (AI/AN) is intentional. OMB has determined this approach results in better quality data for the AI/AN category for self-administered questionnaires.



▲ State of Connecticut Race/Ethnicity Data Collection Sample Form

REQUIRED QUESTION: WHAT IS YOUR RACE AND/OR ETHNICITY?

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

American Indian or Alaska Native Please enter, for example, Cherokee, Taino, Mayan, Aztec, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Mohegan Tribes of Indians of Connecticut, Mashantucket Pequot Indian Tribe, Narragansett Indian Tribe, French Canadian/French American Indian etc.

Asian Please provide additional details.

| | | |
|---------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Pakistani |

Enter for example, Bangladeshi, Cambodia, Japanese, Laotian, etc.

Black or African American Please provide additional details.

| | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Haitian |
| <input type="checkbox"/> Nigerian | <input type="checkbox"/> Ghanaian | <input type="checkbox"/> Trinidadian and Tobagonian |

Enter for example, Barbadian, Congolese, Ethiopian, St. Lucian, etc.

Hispanic or Latino Please provide additional details.

| | | |
|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Guatemalan |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Dominican | <input type="checkbox"/> Ecuadorian |

Enter for example, Colombian, Cuban, Honduran, Peruvian, etc.

Middle Eastern or North African Please provide additional details.

| | | |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Lebanese | <input type="checkbox"/> Iranian | <input type="checkbox"/> Egyptian |
| <input type="checkbox"/> Syrian | <input type="checkbox"/> Moroccan | <input type="checkbox"/> Israeli |

Enter for example, Jordanian, Palestinian, Iraqi, Yemeni, etc.

Native Hawaiian or Pacific Islander Please provide additional details.

| | | |
|--|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Fijian | <input type="checkbox"/> Marshallese |

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

White Please provide additional details.

| | | |
|----------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> German | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Polish | <input type="checkbox"/> French |

Enter for example, Scottish, Swedish, French Canadian, Portuguese, etc.

I choose not to identify **I am not sure/don't know**

Recommendation for providers: When an individual chooses, "I am not sure/don't know", it is recommended that examples are shared and patient is empowered to complete the form to the best of their ability.

OMB Race and Ethnicity Data Tabulation Guidance

In accordance with OMB regulations, the tabulation procedures used by agencies must result in the production of as much information on race and/or ethnicity as possible, including data on people reporting multiple categories. However, agencies must not release race and ethnicity data if doing so would violate agency, State, or Federal policies designed to ensure data quality or protect respondent privacy or confidentiality. **When data are presented, agencies are encouraged to use one or more of the following three approaches, as recommended by the U.S. Office of Management and Budget in SPD 15.**

Approach 1

The alone or in combination approach combines all individuals belonging to a particular racial or ethnic group (whether alone or in combination with another racial or ethnic group). For example, a respondent who reported being both White and Black or African American would fall into both the "White alone or in combination" category and the "Black or African American alone or in combination" category. This practice has been in place since the 1997 revision of SPD 15 and is useful if the goal is capturing all people who might face a given life experience (e.g., increased risk of a disease or discrimination). Percentages across the categories sum to greater than 100 percent because the response categories are not mutually exclusive in this approach. The following is an example of the tabulation categories for this approach:

- American Indian or Alaska Native alone or in combination
- Asian alone or in combination
- Black or African American alone or in combination
- Hispanic or Latino alone or in combination
- Middle Eastern or North African alone or in combination
- Native Hawaiian or Pacific Islander alone or in combination
- White alone or in combination

Approach 2

The most frequent multiple responses approach reports as many possible race and ethnicity combinations as possible. For example, an agency could report the seven minimum race and ethnicity categories alone, as well as race and ethnicity combinations meeting a specific population threshold or combinations of particular interest, or all observed combinations of multiple race and ethnicity groups. The percentages will sum to 100 percent because the response categories are mutually exclusive. The following is an example of possible tabulation categories for this approach:

- American Indian or Alaska Native alone
- Asian alone
- Black or African American alone
- Hispanic or Latino alone
- Middle Eastern or North African alone
- Native Hawaiian or Pacific Islander alone
- White alone

OR

- American Indian or Alaska Native and Hispanic or Latino
- American Indian or Alaska Native and White
- Asian and Native Hawaiian or Pacific Islander
- Asian and White
- Black or African American and Middle Eastern or North African
- Black or African American and White
- Hispanic or Latino and Black or African American
- Hispanic or Latino and White
- Middle Eastern or North African and Asian
- Middle Eastern or North African and White
- Native Hawaiian or Pacific Islander and Black or African American
- Native Hawaiian or Pacific Islander and White
- All additional Multiracial and/or Multiethnic groups

Approach 3

The combined Multiracial and/or Multiethnic approach presents data for those reporting one of the seven race and/or ethnicity categories alone, and then combines all other respondents reporting multiple races and/or ethnicity categories into an aggregated Multiracial and/or Multiethnic category. This approach will often obscure the specific racial and ethnic diversity of the population (e.g., over half of the population who identify as

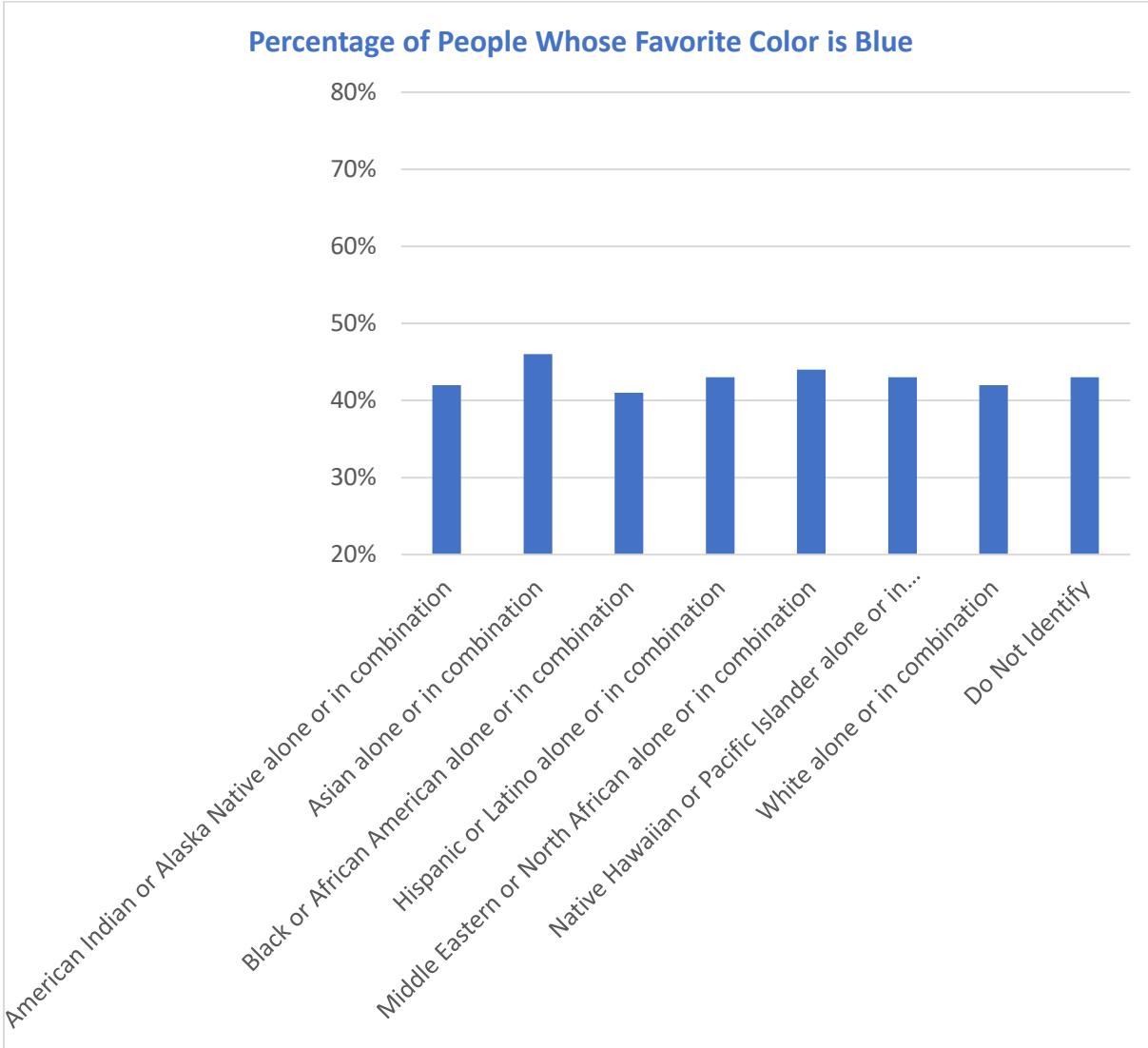
American Indian or Alaska Native and Native Hawaiian or Pacific Islander may be assigned to the Multiracial and/or Multiethnic group). Therefore, Federal agencies should use this approach in conjunction with another approach (like Approaches 1 or 2) to comply with the requirement to report as much information on race and ethnicity as possible, including data for respondents who reported more than one race and/or ethnicity category. The percentages in this approach will sum to 100 percent because the response categories are mutually exclusive. The following illustrates the tabulation categories used for this approach:

- American Indian or Alaska Native alone
- Asian alone
- Black or African American alone
- Hispanic or Latino alone
- Middle Eastern or North African alone
- Native Hawaiian or Pacific Islander alone
- White alone
- Multiracial and/or Multiethnic

With respect to tabulation and presentation, regardless of approach, the seven minimum race and ethnicity categories shall be treated co-equally except if a program or collection effort focuses on a specific racial or ethnic group, and as approved by OIRA. When tabulating and presenting data, agencies must use a consistent approach across all categories within a single table. If categories must be combined in order to reach sample size thresholds for reporting, those combinations should be labeled with the list of combined categories rather than with "other."

Sample Tabulation for Connecticut

For illustrative purposes, the sample tabulation using the 'alone or in combination approach' below shows the percentage of people, by race and ethnicity combined, whose favorite color is blue. Please note the inclusion of the new Middle Eastern or North African category, which will be displayed separately from the White category to reflect updated data collection and tabulation guidance. Additionally, note the inclusion of the 'do not identify' option for Connecticut.



REL-D Data Collection Implementation Plan Version 4.0

For Provider Organizations, State Agencies, Contractors, Boards, Commissions, and Contractors

On March 28, 2024, the Office of Management and Budget (OMB) announced the Revisions to the OMB's Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity. Version 4.0 of the REL-D Data Collection Implementation Plan reflects the changes including combining race and ethnicity data collection into a single question and adding the Middle Eastern and North African category.

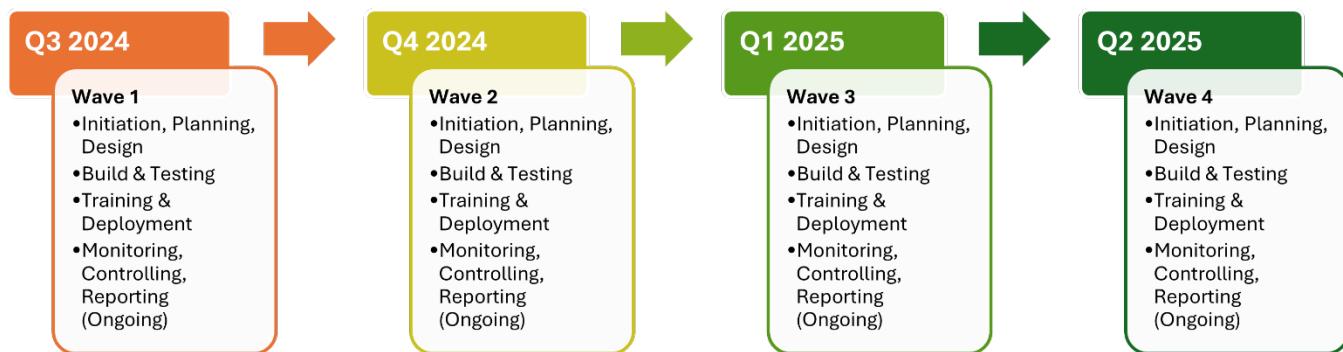
Definitions and Descriptions

- **Race/Ethnicity:** Race and ethnicity are sociopolitical constructs, and the use of this combined category is not an attempt to define race and ethnicity biologically or genetically. OMB standards require seven minimum categories for data on race and ethnicity: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Middle Eastern or North African, Native Hawaiian or Pacific Islander, and White. Collection forms may not indicate to respondents that they should interpret some categories as ethnicities and others as races, or otherwise indicate conceptual differences among the minimum categories.
- **Language:** A system of conventional spoken, manual (signed), or written symbols by means of which members of a social group and participants in its culture, express themselves. The rationale for collecting primary language is for English proficiency measurement, as health disparities have been associated with limited English language proficiency. Collection of English proficiency and the specific language spoken is appropriate for the point of health care delivery.

Comprehensive language is the appropriate standard used 'in the context of health care or for the provision or receipt of health care services or for any public health purpose. Many individuals may not have a spoken language, for example, individuals with speaking disabilities or using an alternative communications device. In such cases, sign language or alternative communication devices may be written in on the data collection form or media. The International Organization for Standards (ISO) has designated the Library of Congress ISO 639 Joint Advisory Committee (ISO 639/JAC) to maintain the alpha-3 language code standard. Connecticut has adopted the ISO 639-2/639-5 for language data collection standards. The standard uses ISO country codes to identify the likely nationality and languages spoken by populations of "foreign-born" Connecticut residents identified through the US Census Bureau 2013 American Community Survey, as speaking English "less than well."

Timeline

Implementors of the REL-D data collection framework are encouraged to plan their project resourcing to begin during the earliest calendar quarter that is feasible during 2024. To foster a supportive and collaborative environment among implementors, OHS recommends for project plans to generally be aligned with the suggested activity domains per the accompanying timeline. Detailed descriptions of the domains are described below.



Given OMB updates to data collection around race and ethnicity near the end of Quarter 1 2024, future wave activity should include transition planning for updated race and ethnicity data collection, tabulation, and reporting. Existing data collection efforts (e.g., longitudinal studies) should adhere no later than March 28, 2029.

Activity Domains and Tasks for Implementing REL-D Standards

The organizations impacted by PA 21-35 include “any state agency, board or commission that directly, or by contract with another entity, collects demographic data concerning the ancestry or ethnic origin, ethnicity, race or primary language of residents of the state in the context of health care or for the provision or receipt of health care services or for any public health purpose...[and] Each health care provider with an electronic health record system capable of connecting to and participating in the Statewide Health Information Exchange as specified in section 17b-59e of the general statutes.” OMB Revisions to Statistical Policy Directive 15 apply more broadly at the national level and are not health IT specific. The REL-D Master Toolkit Version 4.0 provides guidance for following federal and state-level guidance.

Every organization will have different resource availability in terms of skillsets and bandwidth, and many organizations will have dependencies on the availability of a resource from their EHR vendor or other information technology solution provider that will need to make changes to the system to accommodate the REL-D collection and any associated development needs, (i.e., prompts, scripts, screens, reports, etc.) that may be needed or desired by the provider organization or state agency. The following activity domains with associated tasks are intended as guides for implementors’ planning purposes.

Planning Activity Domain

Any project requiring organizational change must have executive-level support and a clear understanding of the project roles, the anticipated timeline, and the budget required for the

project to be successful. The REL-D implementation team for any provider organization or agency should begin with a kick-off meeting to ensure shared understandings and the commitment of a project sponsor with executive oversight of the team's progress. It is recommended to begin with a draft project charter at the kick-off stage, and to consider the project planning domain work to be concluded once a detailed project plan has been approved, resources have been assigned and budget has been allocated.

| Planning Tasks |
|--|
| ▪ Develop a project charter |
| ▪ Roles and Responsibilities Matrix for Implementation Project Team (example below). |
| ▪ Set project team meeting schedule |
| ▪ Identify impacted systems that contain REL-D data |
| ▪ Identify and define REL-D data model changes to impacted systems |
| ▪ Determine resources needed for REL-D implementation |
| ▪ Identify security and privacy requirements |
| ▪ Identify all staff who work with REL-D data and responsibility regarding REL-D data |
| ▪ Identify staff training needs |
| ▪ Identify workflow changes for REL-D data collection with new standards |
| ▪ Develop budget for updating systems, workflow changes, and training on REL-D standards |
| ▪ Create a project plan |

Recommended Roles for a REL-D Implementation Project Team

| Role | Name | Expected Time Commitment | Contact |
|-----------------------------|------|--------------------------|---------|
| Executive Sponsor | | | |
| Project Manager | | | |
| Business/Systems Analysts | | | |
| Database Manager | | | |
| Developers | | | |
| Security/Compliance Officer | | | |
| Testers | | | |
| Implementation Manager | | | |

| | | | |
|---------|--|--|--|
| Trainer | | | |
|---------|--|--|--|

Design Activity Domain

The design domain will most likely require the participation of a technical resource from the EHR or data system vendor to create many of the documents listed below, with participation of the REL-D Implementation Project Team to help inform system requirements and conduct thorough reviews of all vendor-developed documents prior to signing off on any technical decisions. This is a domain where a user focus group may be useful to review options for the user interface (UI). This is also the time to consider the organization's reporting needs associated with the REL-D data collection, so reports can be produced without special effort.

Design Tasks

- Design solution to address security and privacy requirements
- Design database monitoring tools
- Design updates to data model to accommodate new values for REL-D compliance
- Design solutions to satisfy data integration of REL-D Standards as specified in Ver. 4.0
- Design new documentation for data model, data protocols etc.
- Design document management protocol pertaining to REL-D updates
- Update operational reporting requirements impacted by new REL-D standards
- Design data quality strategy
- Design user interface mock-up
- Design acceptance criteria based on design requirements

Build and Test Activity Domain

The build and test domain will likely involve the EHR or data system vendor to build the REL-D Data Collection Standards into the patient/client registration and/or intake workflows. It is important to conduct rigorous testing (likely automated test scripts and user acceptance testing) before moving any new system code into the production environment. If the provider organization is fully connected to Connie's HIE infrastructure and sending data on an automated schedule, it will be important to include testing for REL-D data submission to Connie. If possible, make a point to schedule this step well in advance of the system upgrade, to ensure a resource is available to assist from Connie.

Build and Test Action Steps

- Build data quality strategy including building controls
- Build document management protocol
- Build new documentation for data model, data protocols, etc.
- Build pre- and post-production environments
- Build protocol for REL-D Data Collection Standards as specified in Version 4.0
- Build updates to data model

Training and Deployment Activity Domain

The solution should not be deployed in the production environment until training has been completed by all relevant staff. In a large organization, it is recommended to identify a couple of “super users” in each department or staff unit who can help troubleshoot user-related issues. It is a best practice to have a single unit be trained on new workflows related to the collection of REL-D data prior to launching a training protocol across the enterprise. This will help to ensure that the training materials are easy to understand and to adjust training documentation if needed. This step is impractical in small organizations. For organizations where some or all of the REL-D data collection will take place outside of an organization’s physical location, such as a home health provider organization, it would be optimal to hold an informal check-in meeting for staff after a couple of weeks requesting REL-D data from patients/clients. This would provide a forum for staff to share their experiences asking for REL-D data and allow for peer-to-peer learning to increase staff confidence in managing patient or client questions or concerns.

Training and Deployment Action Steps

- Identify cohorts to be trained, e.g., social workers, physicians, medical support personnel
- Identify training delivery method (Train-the-Trainer, recorded video, online content, printed content, proficiency checks); create training content
- Set training schedule
- Develop training report (spreadsheet) with names and dates of completed training
- Incorporate training into new employee onboarding and training processes

Monitoring, Maintenance, and Reporting Activity Domain: Ongoing

It is important for organizations to have an assigned “owner” for monitoring adherence to new data collection protocols and to take steps to remediate data quality issues, if found. Shortly after the upgraded system goes live, a check with Connie should be done to make sure the REL-D data is being received by the HIE as expected (and hopefully, as testing had confirmed previously). Ongoing monitoring for consistency of REL-D data collection should be an assigned role for every organization. Positive feedback (verbal or written acknowledgement, or some type of gamification with small rewards) may be helpful for staff to develop the habit of asking patients and clients for their self-reported REL-D data.

Monitoring, Maintenance, and Reporting Action Steps

- Develop a framework for assessing REL-D data quality
- Developing a data quality assessment
- Perform root cause analysis for data quality issues identified
- Identify current challenges to collecting REL-D data after solution deployment
- Measure and monitor data quality
- Identify, deliberate, and execute remedies/improvements
- Adherence to new workflow and standards
- Develop data validations
- Develop validation to ensure that the data is self-reported
- Sending REL-D data, disability, and insurance status to the HIE where applicable

Frequently Asked Questions (FAQs)

For Use by Health Care Provider Organizations, State Agencies, and Others
When Collecting Race, Ethnicity, and Language Data from Patients and Clients

The following list of Frequently Asked Questions (FAQs) is a resource for provider organizations and state agencies to share with patients and clients about the collection of race, ethnicity, and language data as part of an intake or patient registration process. Please look for disability data-related FAQs in a future toolkit update. The FAQs are intended as a stand-alone communication tool for patients and clients by provider organizations that have

implemented REL data collection processes as a customary practice within the EHR patient registration workflows.

Q: Why is it important for provider organizations and agencies to collect granular race, ethnicity, and language data?

A: Collecting granular data on race, ethnicity, and language data is essential for several reasons. Individual data can inform strategies and interventions to support better care and services. Aggregated data on population groups can support the identification of health care disparities and inequities. For example, race and ethnicity data could help policymakers determine where community investments would have the greatest impact on racial health disparities. Collection of this data helps health care organizations meet the needs of diverse patient populations.

Q: What is the difference between granular and non-granular race, ethnicity, and language data collection?

A: Granular data collection involves gathering more detailed and specific information about an individual's race, ethnicity, and language, using standardized categories that allow for more precise reporting and analysis. Non-granular collection may use broad categories that provide less detailed information.

Q: Are patients or clients required to provide race, ethnicity, and language information?

A: Providing race, ethnicity, and language data is completely voluntary. Patients and clients have the right to decline to answer these questions if they wish.

Q: How will my race, ethnicity, and language data be used?

A: Collected data is primarily used for statistical analysis and reporting to identify health care disparities, improve patient care, and ensure compliance with health care equity regulations. It is also used to tailor health care services to the unique needs of different populations.

Q: How will my privacy and confidentiality be protected?

A: Provider organizations and agencies are committed to safeguarding your data privacy. A federal privacy law known as HIPAA ensures that your race, ethnicity, and language data can only be for health care-related purposes.

Q: Can I update my race, ethnicity, and language information if it changes?

A: Yes, you can update your race, ethnicity, and language information at any time.

Q: What if I don't know my race or ethnicity information?

A: You can answer the questions by selecting a response closest to how you identify yourself. You can also select "declined to specify" if you prefer not to answer any question, or you can say you do not know if you are unsure. If you need help, your provider or their staff can help you decide the best way to answer.

Q: Will providing this information affect my care or eligibility for services?

A: Providing race, ethnicity, and language data does not impact your eligibility for services or affect your care negatively. The collection of race, ethnicity, and language data is done solely to improve the quality of health care services by addressing health disparities.

Q: How can I be sure that my data will be used responsibly and ethically?

A: Health care organizations and agencies are bound by strict ethical and legal guidelines regarding the use of your data. They are committed to using your data in a responsible manner to understand and address health disparities and improve health care services.

Q: Who should I contact if I have questions or concerns about the data collection process?

A: If you have questions or concerns about the data collection process, your health care provider's privacy officer or clinic administration staff should be able to help answer your questions.

Public Act 21-35 Sec. 11 Codified as C.G.S. §19a-754d

Sec. 11. (NEW) (Effective from passage)

(a) On and after January 1, 2022, any state agency, board or commission that directly, or by contract with another entity, collects demographic data concerning the ancestry or ethnic origin, ethnicity, race or primary language of residents of the state in the context of health care or for the provision or receipt of health care services or for any public health purpose shall:

- (1) Collect such data in a manner that allows for aggregation and disaggregation of data;
- (2) Expand race and ethnicity categories to include subgroup identities as specified by the Community and Clinical Integration Program of the Office of Health Strategy and follow the hierarchical mapping to align with United States Office of Management and Budget standards;
- (3) Provide the option to individuals of selecting one or more ethnic or racial designations and include an "other" designation with the ability to write in identities not represented by other codes;
- (4) Provide the option to individuals to refuse to identify with any ethnic or racial designations;
- (5) Collect primary language data employing language codes set by the International Organization for Standardization; and
- (6) Ensure, in cases where data concerning an individual's ethnic origin, ethnicity or race is reported to any other state agency, board or commission, that such data is neither tabulated nor reported without all of the following information:
 - (A) The number or percentage of individuals who identify with each ethnic or racial designation as their sole ethnic or racial designation and not in combination with any other ethnic or racial designation;
 - (B) the number or percentage of individuals who identify with each ethnic or racial designation, whether as their sole ethnic or racial designation or in combination with other ethnic or racial designations;
 - (C) the number or percentage of individuals who identify with multiple ethnic or racial designations; and
 - (D) the number or percentage of individuals who do not identify or refuse to identify with any ethnic or racial designations.

(b) Each health care provider with an electronic health record system capable of connecting to and participating in the State-wide Health Information Exchange as specified in section 17b-59e of the general statutes shall, collect and include in its electronic health record

system self-reported patient demographic data including, but not limited to, race, ethnicity, primary language, insurance status and disability status based upon the implementation plan developed under subsection (c) of this section. Race and ethnicity data shall adhere to standard categories as determined in subsection (a) of this section.

(c) Not later than August 1, 2021, the Office of Health Strategy shall consult with consumer advocates, health equity experts, state agencies and health care providers, to create an implementation plan for the changes required by this section.

(d) The Office of Health Strategy shall (1) review (A) demographic changes in race and ethnicity, as determined by the U.S. Census Bureau, and (B) health data collected by the state, and (2) reevaluate the standard race and ethnicity categories from time to time, in consultation with health care providers, consumers and the joint standing committee of the General Assembly having cognizance of matters relating to public health.

Appendices: Detailed Race/Ethnicity Categories and Primary Language Data Standards

The following detailed race and ethnicity categories are based on Census data findings. While there are many options to list on respondent-facing paper forms, we have created a sample Connecticut form. The detailed categories (listed in **Appendices A through G**) are helpful for electronic data collection and coding to enter write-in options or use in electronic forms which will show users a shorter, filtered list based on initial input by the user in the write-in field. Connecticut is using detailed Census categories because they provide more granularity than CCIP codes. **Appendix H** includes sample language questions and primary language data standards. The only change to the standards from versions 3.0 to 4.0 of the toolkit are the omission of the American Samoan category because Connecticut does not plan to differentiate between Samoan and American Samoan in the future.

Appendix A: Detailed Race/Ethnicity Data: American Indian or Alaska Native Category

| | |
|--|---|
| Abenaki Canadian | Arctic Slope Corporation |
| Abenaki Nation of Missisquoi | Arctic Village |
| Absentee Shawnee Tribe of Indians of Oklahoma | Argentinean Indian |
| Acadia Band | Arikara (Sahnish) |
| Ache Dene Koe | Aroostook Band of Micmacs |
| Ache Indian | Asa'carsarmiut Tribe |
| Agdaagux Tribe of King Cove | Assiniboine |
| Agua Caliente | Assiniboine and Sioux Tribes of the Fort Peck Indian Reservation, Montana |
| Agua Caliente Band of Cahuilla Indians | Assonet Band of the Wampanoag Nation |
| Ahousaht | Atakapa |
| Ahtna, Inc. Corporation | Atqasuk Village (Atkasook) |
| Ak-Chin Indian Community | Atsina |
| Akiachak Native Community | Augustine Band of Cahuilla Indians, California |
| Akiak Native Community | Aymara |
| Alabama Creek | Aztec |
| Alabama Quassarte Tribal Town | Bad River Band of the Lake Superior Tribe |
| Alabama-Coushatta Tribe of Texas | Bannock |
| Alanvik | Barona Group of Capitan Grande Band |
| Alaskan Athabascan | Batchewana First Nation |
| Alatna Village | Bay Mills Indian Community |
| Alderville First Nation | Bear River Band of Rohnerville Rancheria |
| Aleut | Beardys and Okemasis Band |
| Aleut Corporation | Beausoleil |
| Alexander | Beaver Creek Indians |
| Alexandria Band | Beaver Village |
| Algaaciq Native Village (St. Mary's) | Beecher Bay |
| Algonquian | Belizean Indian |
| Algonquins of Barriere Lake | Bella Coola (Nuxalk Nation) |
| Allakaket Village | Beothuk |
| Allegheny Lenape | Bering Straits Inupiat |
| Alpine | Berry Creek Rancheria of Maidu Indians |
| Alsea | Big Cove |
| Alturas Indian Rancheria | Big Grassy |
| Alutiiq | Big Lagoon Rancheria |
| Alutiiq Tribe of Old Harbor | Big Pine Paiute Tribe of the Owens Valley |
| Amazon Indian | Big Sandy Rancheria of Western Mono Indians of California |
| American Eskimo | Big Valley Band of Pomo Indians of the Big Valley Rancheria |
| American Indian, not specified | Bigstone Cree Nation |
| Amuzgo | Biloxi |
| Andean Indian | Biloxi-Chitimacha Confederation |
| Angoon Community Association | Birch Creek Tribe |
| Ani-stohini/Unami | Bishop Paiute Tribe |
| Anvik Village | Blackfeet Tribe of the Blackfeet Indian Reservation of Montana |
| Apache | Blue Lake Rancheria |
| Apache Tribe of Oklahoma | Bois Forte Band (Nett Lake) |
| Arapaho | Bolivian Indian |
| Arapaho Tribe of the Wind River Reservation, Wyoming | |
| Arawak | |

| | |
|--|--|
| Bonaparte Band | Chaubunagungamaug Nipmuck |
| Boston Bar First Nation | Cheam Band |
| Brazilian Indian | Cheesh-Na Tribe (Chistochina) |
| Bridge River | Chemainus First Nation |
| Bridgeport Paiute Indian Colony | Chemakuan |
| Bristol Bay | Chemehuevi Indian Tribe |
| Bristol Bay Aleut | Cher-Ae Heights Indian Community of the Trinidad Rancheria |
| Brokenhead Ojibway Nation | Cher-O-Creek Intratribal Indians |
| Brotherton | Cheroenhaka (Nottoway) |
| Brule Sioux | Cherokee |
| Buena Vista Rancheria of Me-Wuk Indians of California | Cherokee Alabama |
| Buffalo Point Band | Cherokee Bear Clan of South Carolina |
| Burns Paiute Tribe | Cherokee Nation |
| Burt Lake Band of Ottawa and Chippewa Indians | Cherokee of Georgia |
| Cabazon Band of Mission Indians | Cherokee Tribe of Northeast Alabama |
| Cachil Dehe Band of Wintun Indians of the Colusa Rancheria | Chevak Native Village |
| Caddo | Cheyenne |
| Caddo Adais Indians | Cheyenne and Arapaho Tribes, Oklahoma |
| Caddo Nation of Oklahoma | Cheyenne River Sioux Tribe of the Cheyenne River Reservation, South Dakota |
| Cahto Indian Tribe of the Laytonville Rancheria | Chichimeca |
| Cahuilla | Chickahominy Indian Tribe |
| Cahuilla Band of Indians | Chickahominy Indian Tribe - Eastern Division |
| Cakchiquel | Chickaloon Native Village |
| Caldwell | Chicken Ranch Rancheria of Me-Wuk Indians |
| California Valley Miwok Tribe | Chignik Bay Tribal Council (Native Village of Chignik) |
| Calista | Chignik Lake Village |
| Campbell River Band | Chilcotin Nation |
| Campo Band of Diegueno Mission Indians | Chilean Indian |
| Canadian Indian | Chilkat Indian Village (Klukwan) |
| Canadian Indian, not elsewhere classified | Chilkoot Indian Association (Haines) |
| Canela | Chimariko |
| Cape Mudge Band | Chinantec |
| Capitan Grande Band of Diegueno Mission Indians | Chinik Eskimo Community (Golovin) |
| Carcross/Tagish First Nation | Chinook |
| Carib | Chippewa |
| Caribbean Indian | Chippewa Cree Indians of the Rocky Boy's Reservation, Montana |
| Caribou | Chippewa of Sarnia |
| Carrier Nation | Chippewa of the Thames |
| Carry the Kettle Band | Chippewa/Ojibwe Canadian |
| Catawba Indian Nation | Chitimacha Tribe of Louisiana |
| Cayuga Nation | Chocho |
| Cayuse | Choco |
| Cedarville Rancheria | Choctaw |
| Celilo | Choctaw-Apache Community of Ebarb |
| Central American Indian | Chugach Aleut |
| Central American Indian, not elsewhere classified | Chugach Corporation |
| Central Council of the Tlingit and Haida Indian Tribes | Chuloonawick Native Village |
| Central Pomo | Chumash |
| Chalkyitsik Village | Circle Native Community |
| Chaloklawa Chickasaw | Citizen Potawatomi Nation, Oklahoma |
| Chappaquiddick Tribe of the Wampanoag Indian Nation | |
| Chatino | |

| | |
|---|--|
| Clatsop | Cross Lake First Nation |
| Clayoquot | Crow Creek Sioux Tribe of the Crow Creek Reservation, South Dakota |
| Clear Lake | Crow Tribe of Montana |
| Clifton Choctaw Tribe of Louisiana | Cuban Indian |
| Cloverdale Rancheria of Pomo Indians of California | Cuicatec |
| Cochimi | Cumberland County Association for Indian People |
| Cocopah Tribe of Arizona | Cupeno |
| Coeur D'Alene | Curve Lake Band |
| Coharie Indian Tribe | Curyung Tribal Council (Native Village of Dillingham) |
| Cold Lake First Nations | Delaware (Lenni-Lenape) |
| Cold Springs Rancheria of Mono Indians | Delaware Nation |
| Coldwater Band | Delaware Tribe of Indians, Oklahoma |
| Colombian Indian | Dene Band Nwt (NW Territory) |
| Colorado River Indian Tribe | Dene Canadian |
| Columbia | Dididaht Band |
| Columbia River Chinook | Dogrib |
| Comanche Nation, Oklahoma | Dominican Indian |
| Comox Band | Douglas Indian Association |
| Concho | Doyon |
| Confederated Salish and Kootenai Tribes of the Flathead Nation | Dry Creek Rancheria Band of Pomo Indians, California |
| Confederated Tribes and Bands of the Yakama Nation | Duckwater Shoshone Tribe |
| Confederated Tribes of Siletz Indians of Oregon | Duwamish |
| Confederated Tribes of the Chehalis Reservation | Eagle Lake Band |
| Confederated Tribes of the Colville Reservation | East of the River Shawnee |
| Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians | Eastern Band of Cherokee Indians |
| Confederated Tribes of the Goshute Reservation | Eastern Cree |
| Confederated Tribes of the Grand Ronde Community of Oregon | Eastern Creek |
| Confederated Tribes of the Umatilla Indian Reservation | Eastern Muscogee |
| Confederated Tribes of Warm Springs | Eastern Pequot |
| Cook Inlet | Eastern Pomo |
| Coos | Eastern Shawnee Tribe of Oklahoma |
| Copper River | Eastern Shoshone Tribe of the Wind River Reservation, Wyoming |
| Coquille Indian Tribe | Ebb and Flow Band |
| Coquitlam Band (Kwikwetlem First Nation) | Echota Cherokee Tribe of Alabama |
| Cora | Ecuadorian Indian |
| Costa Rican Indian | Edisto Natchez-Kusso Tribe of South Carolina (Natchez Indian Tribe) |
| Costanoan | Egegik Village |
| Cote First Nation | Eklutna Native Village |
| Couchiching First Nation | Elem Indian Colony of the Sulphur Bank Rancheria |
| Coushatta | Elk Valley Rancheria |
| Coushatta Tribe of Louisiana | Elnu Abenaki Tribe |
| Cow Creek Band of Umpqua Tribe of Indians | Ely Shoshone Tribe |
| Cowessess Band | Emmonak Village |
| Cowichan | English River First Nation |
| Cowlitz Indian Tribe | Enterprise Rancheria of Maidu Indians |
| Coyote Valley Band of Pomo Indians of California | Eskasoni |
| Craig Tribal Association | Eskimo |
| Cree | Esquimalt |
| Cree Canadian | Esselen |
| Croatan | Evansville Village (Bettles Field) |

| | |
|--|--|
| Ewilaapaayp Band of Kumeyaay Indians | Havasupai Tribe of the Havasupai Reservation |
| Federated Indians of Graton Rancheria | Healy Lake Village |
| Fernandeno Tataviam Band of Mission Indians | Heiltsuk Band |
| Fisher River | Herring Pond Wampanoag Tribe |
| Five Nations | Hesquiaht Band |
| Flandreau Santee Sioux Tribe of South Dakota | Hiawatha First Nation |
| Fond du Lac Band | Hidatsa |
| Forest County Potawatomi Community, Wisconsin | Ho-Chunk Nation |
| Fort Alexander Band | Hoh Indian Tribe |
| Fort Belknap Indian Community of the Fort Belknap Reservation | Holy Cross Tribe |
| Fort Bidwell Indian Community | Honduran Indian |
| Fort Independence Indian Community | Hoonah Indian Association |
| Fort McDermitt Paiute and Shoshone Tribes of Nevada and Oregon | Hoopa Extension |
| Fort McDowell Yavapai Nation | Hoopa Valley Tribe |
| Fort Mojave Indian Tribe of Arizona, California, and Nevada | Hope Band (Chawathil Nation) |
| Fort Sill Apache Tribe of Oklahoma | Hopi Tribe of Arizona |
| Four Winds Cherokee | Hopland Band of Pomo Indians |
| French Canadian/French American Indian | Houlton Band of Maliseet Indians |
| Gabrieleno | Hualapai Indian Tribe of the Hualapai Indian Reservation |
| Galena Village (Louden Village) | Huastec |
| Garden River Nation | Huave |
| Georgetown | Hughes Village |
| Georgia Eastern Cherokee | Huichol |
| Gibson Band (Wahta Mohawk) | Huron |
| Gila River Indian Community of the Gila River Indian Reservation | Huron of Lorretteville |
| Gitksan | Huslia Village |
| Golden Hill Paugussett | Hydaburg Cooperative Association |
| Grand Portage Band | Igiugig Village |
| Grand River Band of Ottawa Indians | Ipay Nation of Santa Ysabel |
| Grand Traverse Band of Ottawa and Chippewa Indians | Illinois Miami |
| Grassy Narrows First Nation | Inaja Band of Diegueno Mission Indians of the Inaja and Cosmit Reservation |
| Greenland Inuit | Inca |
| Greenville Rancheria | Indian Township |
| Grindstone Indian Rancheria of Wintun-Wailaki Indians | Indiana Miami |
| Gros Ventres | Innu (Montagnais) |
| Guarani | Interior Salish |
| Guatemalan Indian | Inuit |
| Guatemalan Mayan | Inupiat (Inupiaq) |
| Guaymi | Inupiat Community of the Arctic Slope |
| Guidiville Rancheria of California | Ione Band of Miwok Indians |
| Guilford Native American Association | Iowa (Tribe) |
| Gulkana Village Council | Iowa Tribe of Kansas and Nebraska |
| Gull Bay Band | Iowa Tribe of Oklahoma |
| Guyanese South American Indian | Iqugmuit Traditional Council |
| Gwichya Gwich'in | Iroquois |
| Habematolel Pomo of Upper Lake | Ivanof Bay Village |
| Haida | Ixcatec |
| Haliwa-Saponi Indian Tribe | Jackson Band of Miwuk Indians |
| Hannahville Potawatomi Indian Tribe, Michigan | James Bay Cree |
| Hassanamisco Band of the Nipmuc Nation | James Smith Cree Nation |
| | Jamestown S'Klallam Tribe |
| | Jamul Indian Village |

| | |
|--|--|
| Jena Band of Choctaw Indians | Kokhanok Village |
| Jicarilla Apache Nation | Koniag Aleut |
| Juaneno (Acjachemem) | Konkow |
| Kaguyak Village | Kootenai Tribe of Idaho |
| Kahkewistahaw First Nation | Koyukuk Native Village |
| Kaibab Band of Paiute Indians of the Kaibab Indian Reservation | Kumeyaay (Diegueno) |
| Kaktovik Village (Barter Island) | Kuna Indian |
| Kalapuya | Kwakiutl |
| Kalispel Indian Community | Kyuquot Band |
| Kamloops Band | La Jolla Band of Luiseno Indians, California |
| Kanaka Bar | La Posta Band of Diegueno Mission Indians |
| Kanjobal | Lac Courte Oreilles Band of Lake Superior Chippewa |
| Karuk Tribe | Lac du Flambeau Band of Lake Superior Chippewa Indians |
| Kashia Band of Pomo Indians of the Stewarts Point Rancheria | Lac Vieux Desert Band of Lake Superior Chippewa Indians |
| Kasigluk Traditional Elders Council | Lacandon |
| Kaska Dena | Lagunero |
| Kathlamet | Lakahahmen Band |
| Kaw Nation | Lake Manitoba Band |
| Kawerak | Lake Minchumina |
| Keeseekoosie Band | Lake St. Martin Band |
| Kekchi | Lake Superior Chippewa |
| Kenaitze Indian Tribe | Las Vegas Tribe of Paiute Indians of the Las Vegas Indian Colony |
| Kern Valley Indian Community | Lassik |
| Ketchikan Indian Corporation | Leech Lake Band |
| Kewa Pueblo, New Mexico | Lemhi-Shoshone |
| Keweenaw Bay Indian Community | Lenca |
| Kialegee Tribal Town | Lennox Island Band |
| Kickapoo | Levelock Village |
| Kickapoo Traditional Tribe of Texas | Liard River First Nation |
| Kickapoo Tribe of Indians of the Kickapoo Reservation in Kansas | Lillooet |
| Kickapoo Tribe of Oklahoma | Lime Village |
| Kikiallus | Lipan Apache |
| King Cove | Listuguj Mi'Gmaq First Nation |
| King Island Native Community | Little River Band of Ottawa Indians of Michigan |
| King Salmon Tribe | Little Shell Tribe of Chippewa Indians of Montana |
| Kingsclear Band | Little Shuswap Band |
| Kiowa | Little Traverse Bay Bands of Odawa Indians |
| Kiowa Indian Tribe of Oklahoma | Lone Pine Paiute-Shoshone Tribe |
| Kitamaat | Long Plain First Nation |
| Kitigan Zibi Anishinabeg | Los Coyotes Band of Cahuilla and Cupeno Indians |
| Klahoose First Nation | Louisiana Choctaw Tribe |
| Klallam | Lovelock Paiute Tribe of the Lovelock Indian Colony, Nevada |
| Klamath Tribes | Lower Brule Sioux Tribe of the Lower Brule Reservation, South Dakota |
| Klawock Cooperative Association | Lower Elwha Tribal Community |
| Kletsel Dehe Band of Wintun Indians | Lower Muscogee Creek Tribe |
| Knik Tribe | Lower Nicola Indian Band |
| Koasek (Cowasuck) Traditional Band of the Sovereign Abenaki Nation | Lower Sioux Indian Community in the State of Minnesota |
| Kodiak | Lower Skagit |
| Koi Nation of Northern California | Luiseno |
| | Lumbee Tribe of North Carolina |
| | Lummi Tribe |

| | |
|---|--|
| Lytton Rancheria of California | Mississippi Band of Choctaw Indians |
| Ma-Chis Lower Creek Indian Tribe of Alabama | Miwok/Me-Wuk |
| Maidu | Mixe |
| Makah Indian Tribe | Mixtec |
| Malahat First Nation | Moapa Band of Paiute Indians of the Moapa River Indian Reservation, Nevada |
| Malheur Paiute | Modoc |
| Maliseet | Mohawk |
| Manchester Band of Pomo Indians of the Manchester Rancheria, California | Mohawk Canadian |
| Mandan | Mohawk Kahnawake |
| Manley Hot Springs Village | Mohawks of Kanesatake |
| Manokotak Village | Mohawks of the Bay of Quinte |
| Manzanita Band of Diegueno Mission Indians | Mohegan Tribe of Indians of Connecticut |
| Mapuche (Araucanian) | Mohican Canadian |
| Maricopa | Molalla |
| Marietta Band of Nooksack | Monacan Indian Nation |
| Mashantucket Pequot Indian Tribe | Mono |
| Mashpee Wampanoag Tribe | Montauk |
| Matachewan Band | Moor Indian |
| Match-e-be-nash-she-wish Band of Pottawatomi Indians | Mooretown Rancheria of Maidu Indians |
| Matinecock | Morongo Band of Mission Indians, California |
| Mattaponi Indian Tribe | Mountain Maidu |
| Maya | MOWA Band of Choctaw Indians |
| Maya Central American | Muckleshoot Indian Tribe |
| Maya South American | Munsee |
| Mazahua | Musqueam Band |
| Mazatec | Nahua |
| McGrath Native Village | Nahualt |
| McLeod Lake | Naknek Native Village |
| Mdewakanton Sioux | Namgis First Nation (Nimpkish) |
| Mechoopda Indian Tribe of Chico Rancheria | Nana Inupiat |
| Meherrin Indian Tribe | Nanaimo (Snuneymuxw) |
| Menominee Indian Tribe | Nanoose First Nation |
| Mentasta Traditional Council | Nansemond Indian Nation |
| Mesa Grande Band of Diegueno Mission Indians | Nanticoke |
| Mescalero Apache Tribe of the Mescalero Reservation, New Mexico | Nanticoke Lenni-Lenape |
| Metis | Narragansett Indian Tribe |
| Metlakatla Indian Community, Annette Island Reserve | Naskapi |
| Metrolina Native American Association | Natchitoches Tribe of Louisiana |
| Mexican American Indian | Nation Huronne Wendat |
| Mexican Indian | Native Village of Afognak |
| Miami (Tribe) | Native Village of Akhiok |
| Miami Tribe of Oklahoma | Native Village of Akutan |
| Miccosukee Tribe of Indians of Florida | Native Village of Aleknagik |
| Micmac | Native Village of Ambler |
| Middletown Rancheria of Pomo Indians | Native Village of Atka |
| Millbrook First Nation | Native Village of Barrow Inupiat Traditional Government |
| Mille Lacs Band | Native Village of Belkofski |
| Minnesota Chippewa | Native Village of Brevig Mission |
| Miskito | Native Village of Buckland |
| Mission Indians | Native Village of Cantwell |
| Mississaugas of the Credit | Native Village of Chanega (Chenega) |
| | Native Village of Chignik Lagoon |

| | |
|--|---|
| Native Village of Chitina | Native Village of Port Graham |
| Native Village of Chuathbaluk | Native Village of Port Heiden |
| Native Village of Council | Native Village of Port Lions |
| Native Village of Deering | Native Village of Ruby |
| Native Village of Diomede (Inalik) | Native Village of Saint Michael |
| Native Village of Eagle | Native Village of Savoonga |
| Native Village of Eek | Native Village of Scammon Bay |
| Native Village of Ekuk | Native Village of Selawik |
| Native Village of Ekwok | Native Village of Shaktoolik |
| Native Village of Elim | Native Village of Shishmaref |
| Native Village of Eyak (Cordova) | Native Village of Shungnak |
| Native Village of False Pass | Native Village of Stevens |
| Native Village of Fort Yukon | Native Village of Tanacross |
| Native Village of Gakona | Native Village of Tanana |
| Native Village of Gambell | Native Village of Tatitlek |
| Native Village of Georgetown | Native Village of Tazlina |
| Native Village of Goodnews Bay | Native Village of Teller |
| Native Village of Hamilton | Native Village of Tetlin |
| Native Village of Hooper Bay (Naparyarmiut) | Native Village of Tuntutuliak |
| Native Village of Kanatak | Native Village of Tununak |
| Native Village of Karluk | Native Village of Tyonek |
| Native Village of Kiana | Native Village of Unalakleet |
| Native Village of Kipnuk | Native Village of Unga |
| Native Village of Kivalina | Native Village of Wales |
| Native Village of Kluti Kaah (Copper Center) | Native Village of White Mountain |
| Native Village of Kobuk | Nausu Waiwash |
| Native Village of Kongiganak | Navajo Nation |
| Native Village of Kotzebue | Nenana Native Association |
| Native Village of Koyuk | New Jersey Sand Hill Band of Indians, Inc |
| Native Village of Kwigillingok | New Koliganek Village Council |
| Native Village of Kwinhagak (Quinhagak) | New Stuyahok Village |
| Native Village of Larsen Bay | Newhalen Village |
| Native Village of Marshall (Fortuna Ledge) | Newtok Village |
| Native Village of Mary's Igloo | Nez Perce Tribe |
| Native Village of Mekoryuk | Nicaraguan Indian |
| Native Village of Minto | Nikolai Village |
| Native Village of Nanwalek (English Bay) | Ninilchik Village |
| Native Village of Napaimute | Nipissing First Nation |
| Native Village of Napakiak | Nipmuc |
| Native Village of Napaskiak | Nisenen (Nishinam) |
| Native Village of Nelson Lagoon | Nisga'a Nation |
| Native Village of Nighthmute | Nisqually Indian Tribe |
| Native Village of Nikolski | Nome Eskimo Community |
| Native Village of Noatak | Nomlaki |
| Native Village of Nuiqsut (aka Nooiksut) | Nondalton Village |
| Native Village of Nunam Iqua | Nooksack Indian Tribe |
| Native Village of Nunapitchuk | Noorvik Native Community |
| Native Village of Ouzinkie | North Fork Rancheria of Mono Indians |
| Native Village of Paimiut | North Thompson Band (Simpcw First Nation) |
| Native Village of Perryville | Northern Arapaho Tribe |
| Native Village of Pilot Point | Northern Cherokee Nation of Missouri and Arkansas |
| Native Village of Point Hope | Northern Cheyenne Tribe of the Northern Cheyenne Reservation, Montana |
| Native Village of Point Lay | |

Northern Paiute
 Northern Pomo
 Northway Village
 Northwestern Band of the Shoshone Nation
 Nottawaseppi Huron Band of the Potawatomi, Michigan
 Nottoway Indian Tribe of Virginia
 N'Quatqua (Anderson Lake)
 Nulato Village
 Nulhegan Band of the Coosuk Abenaki Nation
 Nunakauyarmiut Tribe (Toksook Bay)
 Nuu-chah-nulth (Nootka)
 Occaneechi Band of the Saponi Nation
 Odanak
 Oglala Sioux Tribe
 Ohiaht Band (Huu-ay-aht First Nation)
 Ohkay Owingeh, New Mexico
 Olmec
 Omaha Tribe of Nebraska
 Oneida
 Oneida Indian Nation
 Oneida Nation
 Oneida Nation of the Thames
 Onondaga Nation
 Opaskwayak Cree Nation
 Opata
 Oregon Athabascan
 Organized Village of Grayling (Holikachuk)
 Organized Village of Kake
 Organized Village of Kasaan
 Organized Village of Kwethluk
 Organized Village of Saxman
 Orutsararmiut Traditional Native Council
 Oscarville Traditional Village
 Osoyoos Band
 Otoe-Missouria Tribe of Indians
 Otomi
 Ottawa
 Ottawa Tribe of Oklahoma
 Pacheedaht First Nation
 Paiute
 Paiute Indian Tribe of Utah (Southern Paiute)
 Paiute-Shoshone Tribe of the Fallon Reservation and Colony, Nevada
 Pala Band of Mission Indians
 Pamunkey Indian Tribe
 Panamanian Indian
 Paraguayan Indian
 Pascua Yaqui Tribe of Arizona
 Paskenta Band of Nomlaki Indians
 Passamaquoddy Tribe
 Patawomeck Indian Tribe of Virginia
 Paucatuck Eastern Pequot
 Pauloff Harbor Village
 Pauma Band of Luiseno Mission Indians
 Pauquachin
 Pawnee
 Pawnee Nation of Oklahoma
 Pechanga Band of Luiseno Mission Indians
 Pedro Bay Village
 Pee Dee Indian Nation of Upper South Carolina
 Pee Dee Indian Tribe of South Carolina
 Peepeekisis
 Peguis
 Pelican
 Penelakut
 Penobscot Nation
 Penticton
 Peoria Tribe of Indians of Oklahoma
 Pequot
 Peruvian Indian
 Petersburg Indian Association
 Picayune Rancheria of Chukchansi Indians
 Piedmont American Indian Association-Lower Eastern Cherokee Nation SC (PAIA)
 Pilot Station Traditional Village
 Pima
 Pine Creek
 Pinoleville Pomo Nation
 Pipestone Sioux
 Pipil
 Piqua Shawnee Tribe
 Piro Manso Tiwa Tribe
 Piscataway
 Piscataway Conoy Tribe
 Piscataway Indian Nation
 Pit River Tribe of California
 Pitka's Point Traditional Council
 Plains Cree
 Platinum Traditional Village
 Pleasant Point Passamaquoddy
 Poarch Band of Creeks
 Pocasset Wampanoag
 Pocomoke Acohonock
 Pointe Au-Chien Indian Tribe
 Pokagon Band of Potawatomi Indians
 Pokanoket (Royal House of Pokanoket)
 Pomo
 Ponca
 Ponca Tribe of Indians of Oklahoma
 Ponca Tribe of Nebraska
 Ponkapoag
 Poospatuck
 Popoluca
 Port Gamble S'Klallam Tribe
 Portage Creek Village (Ohgsenakale)
 Potawatomi

Potter Valley Tribe
 Powhatan
 Prairie Band Potawatomi Nation
 Prairie Island Indian Community
 Principal Creek Indian Nation
 Pueblo
 Pueblo of Acoma
 Pueblo of Cochiti
 Pueblo of Isleta
 Pueblo of Jemez
 Pueblo of Laguna
 Pueblo of Nambe
 Pueblo of Picuris
 Pueblo of Pojoaque
 Pueblo of San Felipe
 Pueblo of San Ildefonso
 Pueblo of Sandia
 Pueblo of Santa Ana
 Pueblo of Santa Clara
 Pueblo of Taos
 Pueblo of Tesuque
 Pueblo of Zia
 Puerto Rican Indian
 Puget Sound Salish
 Puyallup Tribe of The Puyallup Reservation
 Pyramid Lake Paiute Tribe of the Pyramid Lake Reservation, Nevada
 Qagan Tayagungin Tribe of Sand Point Village
 Qawalangin Tribe of Unalaska
 Quapaw Nation
 Quartz Valley Indian Reservation
 Quechan Tribe of the Fort Yuma Indian Reservation, California and Arizona
 Quechua
 Quiche
 Quichua
 Quileute Tribe of the Quileute Reservation, Washington
 Quinault Indian Nation
 Rainy River First Nations
 Rama
 Ramapough Lenape Nation (Ramapough Mountain)
 Ramona Band of Cahuilla, California
 Rampart Village
 Rappahannock Tribe, Inc.
 Red Cliff Band of Lake Superior Chippewa
 Red Earth Band
 Red Lake Band of Chippewa Indians
 Red Wood
 Redding Rancheria, California
 Redwood Valley or Little River Band of Pomo Indians of the Redwood Valley Rancheria California
 Reno-Sparks Indian Colony, Nevada
 Resighini Rancheria
 Rincon Band of Luiseno Mission Indians
 Robinson Rancheria
 Roseau River
 Rosebud Sioux Tribe of the Rosebud Indian Reservation, South Dakota
 Round Valley Indian Tribes
 Sac and Fox
 Sac and Fox Nation of Missouri in Kansas and Nebraska
 Sac and Fox Nation, Oklahoma
 Sac and Fox Tribe of the Mississippi in Iowa
 Sac River Band of the Chickamauga-Cherokee
 Saddle Lake
 Saginaw Chippewa Indian Tribe
 Saint George Island
 Saint Paul Island
 Saint Regis Mohawk Tribe
 Sakimay First Nations
 Salamatof Tribe
 Salinan
 Salish
 Salt River Pima-Maricopa Indian Community
 Salvadoran Indian
 Samish Indian Nation
 San Carlos Apache Tribe of the San Carlos Reservation
 San Juan
 San Juan Southern Paiute Tribe of Arizona
 San Luis Rey Mission Indian
 San Manuel Band of Mission Indians, California
 San Pasqual Band of Diegueno Mission Indians
 Sandy Bay Band
 Santa Rosa Band of Cahuilla Indians
 Santa Rosa Indian Community
 Santa Ynez Band of Chumash Mission Indians
 Santee Indian Nation of South Carolina
 Santee Indian Organization
 Santee Sioux Nation, Nebraska
 Saponi
 Sappony
 Sarcee (Tsuut'ina Nation)
 Saugeen
 Sauk-Suiattle Indian Tribe
 Sault Ste. Marie Tribe of Chippewa Indians
 Saulteau First Nations
 Saulteaux
 Schaghticoke
 Scotts Valley Band of Pomo Indians of California
 Seabird Island
 Seaconke Wampanoag
 Sealaska Corporation (Southeast Alaska)
 Sechelt
 Seine River First Nation
 Seldovia Village Tribe
 Seminole

Seminole Tribe of Florida
 Seneca Nation of Indians
 Seneca-Cayuga Nation
 Seri
 Serpent River
 Serrano
 Setalcott Indians
 Seton Lake
 Shageluk Native Village
 Shakopee Mdewakanton Sioux Community of Minnesota
 Shasta
 Shawnee
 Shawnee Nation United Remnant Band
 Shawnee Tribe
 Sherwood Valley Rancheria of Pomo Indians of California
 Shingle Springs Band of Miwok Indians
 Shinnecock Indian Nation
 Shoal Lake Cree Nation
 Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
 Shoshone
 Shoshone Paiute
 Shoshone-Bannock Tribes of the Fort Hall Reservation
 Shoshone-Paiute Tribes of the Duck Valley Reservation
 Shuswap
 Siberian Yupik
 Siksika Canadian
 Similkameen
 Sioux
 Sisseton-Wahpeton Oyate of the Lake Traverse Reservation, South Dakota
 Sitka Tribe of Alaska
 Siuslaw
 Six Nations Canada
 Six Nations of the Grand River
 Skagway Village
 Skawahlook First Nation
 Skeetchestn Indian Band
 Skokomish Indian Tribe
 Skookum Chuck Band
 Skowkale
 Skull Valley Band of Goshute Indians of Utah
 Skupnah
 Skwah First Nation
 Skway First Nation
 Skykomish
 Slana
 Snohomish
 Snoqualmie Indian Tribe
 Soboba Band of Luiseno Indians
 Sokaogon Chippewa Community
 Songhees First Nation
 Soowahlie First Nation
 South American Indian
 South Naknek Village
 Southeastern Cherokee Council
 Southeastern Indians
 Southern Arapaho
 Southern Cheyenne
 Southern Ute Indian Tribe of the Southern Ute Reservation
 Spirit Lake Tribe
 Spokane Tribe of the Spokane Reservation
 Spuzzum First Nation
 Squamish Nation
 Squaxin Island Tribe of the Squaxin Island Reservation, Washington
 St. Croix Chippewa Indians of Wisconsin
 Standing Rock Sioux Tribe of North and South Dakota
 Stanjikoming First Nation
 Stebbins Community Association
 Steilacoom
 Stillaguamish Tribes of Indians of Washington
 Sto:lo Nation
 Stockbridge-Munsee Community
 Stone
 Stonyford
 Sucker Creek First Nation
 Sugpiaq
 Summit Lake Paiute Tribe of Nevada
 Sumo
 Sun'aq Tribe of Kodiak
 Susanville Indian Rancheria, California
 Susquehannock
 Swampy Cree
 Swan Creek Black River Confederate Tribe
 Swinomish Indian Tribal Community
 Sycuan Band of the Kumeyaay Nation
 Table Mountain Rancheria
 Tachi
 Tahltan
 Taino
 Takelma
 Takotna Village
 Taku River Tlingit
 Talakamish
 Tanana Chiefs
 Tangirnaq Native Village
 Tarahumara (Raramuri)
 Tarasco (Purépecha)
 Tehuelche
 Tejon Indian Tribe
 Telida Village
 Temecula
 Te-Moak Tribes of Western Shoshone Indians of Nevada
 Tenakee Springs
 Tenino

| | |
|---|---|
| Tepehua | Twin Hills Village |
| Tequistlatec | Tygh |
| Tete De Boule (Attikamek) | Tzeltal |
| Teton Sioux | Tzotzil |
| The Chickasaw Nation | Uchucklesaht |
| The Choctaw Nation of Oklahoma | Ucluelet First Nation |
| The Modoc Tribe of Oklahoma | Ugashik Village |
| The Muscogee (Creek) Nation | Umkumiut Native Village |
| The Osage Nation | Umpqua |
| The Seminole Nation of Oklahoma | Unangan (Unalaska) |
| The Southeastern Mvskoke Nation, Inc. | United Auburn Indian Community of the Auburn Rancheria of California |
| The Suquamish Tribe | United Cherokee Ani-Yun-Wiya Nation |
| The Waccamaw Indian People | United Houma Nation |
| Thlophlocco Tribal Town | United Keetoowah Band of Cherokee Indians in Oklahoma |
| Thompson | Upper Chinook |
| Three Affiliated Tribes of the Ft. Berthold Reservation, North Dakota | Upper Mattaponi Tribe |
| Tillamook | Upper Sioux Community |
| Timbisha Shoshone Tribe | Upper Skagit Indian Tribe |
| Tlapanec | Uruguayan Indian |
| Tlingit | Ute |
| Tobacco Plains Band | Ute Indian Tribe of the Uintah and Ouray Reservation, Utah |
| Tobique First Nation | Ute Mountain Ute Tribe |
| Tohono O'odham Nation of Arizona | Utu Utu Gwatu Paiute Tribe of the Benton Paiute Reservation, California |
| Tojolabal | Venezuelan Indian |
| Tok | Viejas (Baron Long) Group of Capitan Grande Band |
| Tolowa | Village of Alakanuk |
| Tolowa Dee-ni' Nation | Village of Anaktuvuk Pass |
| Toltec | Village of Aniak |
| Tonawanda Band of Seneca | Village of Atmautluak |
| Tonkawa Tribe of Indians of Oklahoma | Village of Bill Moore's Slough |
| Tonto Apache Tribe of Arizona | Village of Chefornak |
| Toquaht | Village of Clarks Point |
| Torres Martinez Desert Cahuilla Indians | Village of Crooked Creek |
| Traditional Village of Togiak | Village of Dot Lake |
| Tribal responses, not elsewhere classified | Village of Iliamna |
| Trinity | Village of Kalskag |
| Triqui (Trique) | Village of Kaltag |
| Tsartlip | Village of Kotlik |
| Tsawout First Nation | Village of Lower Kalskag |
| Tseycum | Village of Ohogamiut |
| Tsimshian | Village of Red Devil |
| Tuckabachee | Village of Sleetmute |
| Tulalip Tribes of Washington | Village of Solomon |
| Tule River Indian Tribe | Village of Stony River |
| Tuluksak Native Community | Village of Venetie |
| Tunica Biloxi Indian Tribe of Louisiana | Village of Wainwright |
| Tuolumne Band of Me-Wuk Indians of California | Vuntut Gwitchin First Nation |
| Upi | Wabauskang First Nation |
| Turtle Mountain Band of Chippewa Indians of North Dakota | Waccamaw Siouan Indian Tribe |
| Tuscarora Nation | Wahpekute Sioux |
| Tuscola | Wailaki |
| Twenty-Nine Palms Band of Luiseno Mission Indians | |

| | |
|---|---|
| Wakiakum Chinook | Wishram |
| Walker River Paiute Tribe of the Walker River Reservation, Nevada | Wiyot Tribe, California |
| Walla Walla | Wolf Lake Band |
| Walpole Island | Woodland Cree First Nation |
| Wampanoag | Woodstock First Nation |
| Wampanoag Tribe of Gay Head (Aquinnah) | Wrangell Cooperative Association |
| Wappo | Wyandotte Nation |
| Wasausking First Nation | Xaxli'p First Nation (Fountain Band) |
| Wasco | Yakama Cowlitz |
| Washoe Tribe of Nevada and California | Yakutat Tlingit Tribe |
| Wassamasaw Tribe of Varnertown Indians | Yana |
| Waywayseecappo First Nation | Yankton Sioux Tribe of South Dakota |
| Wazhaza Sioux | Yanktonai Sioux |
| Wenatchee | Yaqui |
| West Bay Band | Yavapai Apache Nation of the Camp Verde Indian Reservation |
| Whilkut | Yavapai-Prescott Tribe of the Yavapai Reservation |
| White Bear Band | Yerington Paiute Tribe of the Yerington Colony and Campbell Ranch, Nevada |
| White Earth Band | Yocha Dehe Wintun Nation, California |
| White Mountain Apache Tribe of the Fort Apache Reservation, Arizona | Yokuts |
| White River Band of the Chickamauga-Cherokee | Yomba Shoshone Tribe of the Yomba Reservation, Nevada |
| Whitefish Lake Band | Ysleta del Sur Pueblo of Texas |
| Wichita and Affiliated Tribes, Oklahoma | Yuchi |
| Wicomico | Yuki |
| Wikwemikong | Yupiit of Andreafski |
| Willapa Chinook | Yup'ik (Yup'ik Eskimo) |
| Wilton Rancheria | Yurok Tribe |
| Wind River | Zaparo |
| Winnebago | Zapotec |
| Winnebago Tribe of Nebraska | Zoque |
| Winnemucca Indian Colony of Nevada | Zuni Tribe of the Zuni Reservation |
| Wintun | Other Alaskan Native or American Indian, not specified |
| Wiseman | |

Appendix B: Detailed Race and Ethnicity Data: Asian Category

| | |
|---------------------------|----------------------------|
| Afghan | Malaysian |
| Asian Indian | Maldivian |
| Bangladeshi | Mien |
| Bhutanese | Mizo |
| Bruneian | Mongolian |
| Burmese | Nepalese |
| Buryat | Pakistani |
| Cambodian | Pashtun |
| Chinese, except Taiwanese | Sikh |
| Filipino | Sindhi |
| Hmong | Singaporean |
| Indonesian | Sri Lankan |
| Japanese | Tai Dam |
| Kalmyk | Taiwanese |
| Kazakh | Tajik |
| Korean | Thai |
| Kuki | Timorese |
| Kyrgyz | Turkmen |
| Lahu | Uzbek |
| Laotian | Vietnamese |
| Malay | Other Asian, not specified |

Appendix C: Detailed Race/Ethnicity Data: Black or African American Category

| | |
|--------------------|--|
| African American | Senegalese |
| Angolan | Sierra Leonean |
| Beninese | Somali |
| Bisseau-Guinean | South African |
| Burkinabe | South Sudanese |
| Burundian | Sudanese |
| Cameroonian | Swazi |
| Central African | Tanzanian |
| Chadian | Togolese |
| Congolese | Ugandan |
| Djiboutian | Zambian |
| Equatorial Guinean | Zimbabwean |
| Eritrean | Other Sub-Saharan African |
| Ethiopian | Anguillan |
| Gabonese | Antiguan and Barbudan |
| Gambian | Bahamian |
| Ghanaian | Barbadian |
| Guinean | British Virgin Islander |
| Ivoirian | Dominica Islander |
| Kenyan | Grenadian |
| Liberian | Haitian |
| Malagasy | Jamaican |
| Malawian | Kittian and Nevisian |
| Malian | Montserratian |
| Motswana | St. Lucian |
| Mozambican | Trinidadian and Tobagonian |
| Namibian | U.S. Virgin Islander |
| Nigerian (Nigeria) | Vincentian |
| Nigerien (Niger) | West Indian |
| Rwandan | Other Black or African American, non-specified |

Appendix D: Detailed Race/Ethnicity Data: Hispanic or Latino Category

| | |
|-------------|--|
| Afro Latino | Mexican |
| Argentinean | Nicaraguan |
| Bolivian | Panamanian |
| Chilean | Paraguayan |
| Colombian | Peruvian |
| Costa Rican | Puerto Rican |
| Cuban | Salvadoran |
| Dominican | Spaniard |
| Ecuadorian | Spanish |
| Garifuna | Spanish American |
| Guatemalan | Uruguayan |
| Hispanic | Venezuelan |
| Honduran | Other Hispanic/Latino/Latina/Latine/Spanish, not specified |
| Latino | |

Appendix E: Detailed Race/Ethnicity Data for Middle Eastern or North African Category

| | |
|-----------|--|
| Algerian | Lebanese |
| Arab | Libyan |
| Assyrian | Moroccan |
| Bahraini | Omani |
| Berber | Palestinian |
| Chaldean | Qatari |
| Egyptian | Saudi |
| Emirati | Syriac |
| Iranian | Syrian |
| Iraqi | Tunisian |
| Israeli | Yazidi |
| Jordanian | Yemeni |
| Kurdish | Other Middle Eastern or North African, not specified |
| Kuwaiti | |

Appendix F: Detailed Race/Ethnicity Data for Native Hawaiian or Pacific Islander Category

| | |
|-------------------|---------------------------------------|
| Carolinian | Ni-Vanuatu |
| Chamorro | Northern Mariana Islander |
| Chuukese | Palauan |
| Cook Islander | Papua New Guinean |
| Easter Islander | Pohnpeian |
| Fijian | Rotuman |
| French Polynesian | Saipanese |
| Guamanian | Samoan |
| I-Kiribati | Solomon Islander |
| Kosraean | Tahitian |
| Maori | Tokelauan |
| Marshallese | Tongan |
| Native Hawaiian | Tuvaluan |
| Nauruan | Wallisian and Futunan |
| New Caledonian | Yapese |
| Niuean | Other Pacific Islander, not specified |

Appendix G: Detailed Race/Ethnicity Data for White Category

| | |
|---------------------------|----------------------------|
| Afrikaner | Irish |
| Albanian | Italian |
| Alsatian | Kosovan |
| Andorran | Lapp |
| Armenian | Latvian |
| Australian | Liechtensteiner |
| Austrian | Lithuanian |
| Azerbaijani | Luxembourger |
| Basque | Macedonian |
| Belarusian | Maltese |
| Belgian | Manx |
| Bosnian and Herzegovinian | Moldovan |
| British | Monegasque |
| British Islander | Montenegrin |
| Bulgarian | New Zealander |
| Cajun | Northern Irishlander |
| Canadian | Norwegian |
| Carpatho Rusyn | Pennsylvania German |
| Celtic | Polish |
| Cornish | Portuguese |
| Croatian | Roma |
| Cypriot | Romanian |
| Czech | Russian |
| Danish | Scandinavian |
| Dutch | Scots-Irish |
| English | Scottish |
| Estonian | Serbian |
| Faroe Islander | Slavic |
| Finnish | Slovak |
| French | Slovenian |
| French Canadian | Swedish |
| Frisian | Swiss |
| Georgian | Tatar |
| German | Turkish |
| Greek | Ukrainian |
| Greenlandic | Welsh |
| Hungarian | Other White, not specified |
| Icelandic | |

Appendix H: Primary Language Data Standards

Data Standard for Primary Language Spoken

How well do you speak English? (5 years old or older)

- a. ____ Very well
- b. ____ Well
- c. ____ Not well
- d. ____ Not at all
- e. ____ Decline to Identify

Data Collection For Language Spoken

1. Do you speak a language other than English at home?

- 1 Yes
- 2 No
- 3 Decline to Identify

For persons speaking a language other than English (answering yes to the question above):

2. What is this language? (5 years old or older)

- a. ____ Spanish
- b. ____ Other Language (Identify)
- c. ____ Decline to Identify

INTERNATIONAL ORGANISATION FOR STANDARDIZATION (ISO) LANGUAGE STANDARDS

*Note alternate form of communication, e.g., a communication device.

Sources:

[ISO 639 Code Tables | ISO 639-3 \(sil.org\)](https://www.sil.org/iso639-3)

[ISO 639-2 Language Code List – Codes for the representation of names of languages \(Library of Congress\) \(loc.gov\)](https://www.loc.gov/standards/iso639-2/)

[ISO 639-5 Identifier: Codes for the representation of names of languages \(ISO 639-5 Registration Authority - Library of Congress\) \(loc.gov\)](https://www.loc.gov/standards/iso639-5/)

https://portal.ct.gov/-/media/DEMHS/_docs/Plans-and-Publications/EHSP0087--DCPCountyLanguageDoc.pdf

<https://libguides.ctstatelibrary.org/dld/welcomemultilingual/censusinfo>

ISO 3166-1 AND ISO 3166-3

| ISO English name of Language | ISO 639-2/639-5 Identifier | Country | Alpha-3 code Identifier | Numeric Identifier |
|--|----------------------------|---|-------------------------|--------------------|
| Adangme | ada | Ghana | GHA | 288 |
| Afar | aar | Djibouti | DJI | 262 |
| Afrikaans | afr | South Africa | ZAF | 710 |
| Afro-Asiatic languages | afa | Other African | | |
| Akan | aka | Ghana | GHA | 288 |
| Albanian | sqi | Albania | ALB | 8 |
| Algonquian languages | alg | United State of America | USA | 840 |
| American sign language | sgn | United States of America | USA | 840 |
| Canadian sign language | sgn | Canada | CAN | 124 |
| Amharic | amh | Ethiopia | ETH | 231 |
| Arabic | ara | Algeria, Comoros, Chad, Egypt, Djibouti, Morocco, etc | | |
| Armenian | hye | Armenia | ARM | 51 |
| Aromanian, Arumanian, Macedo-Romanian | rup | Romania | ROU | 642 |
| Baltic-salvic languages | bat | Ukraine | UKR | 804 |
| Bambara | bam | Mali | MLI | 466 |
| Bantu languages | bnt | Tanzania | TZA | 834 |
| Bedawiyet, Beja | bej | Eritrea | ERI | 232 |
| Bemba (Zambia) | bem | Zambia | ZMB | 894 |
| Bengali | ben | Bangladesh | BGD | 50 |
| Bengali | ben | India, Bangladesh | | |
| Berber languages | ber | Algeria, Cameroon, Morocco | | |

| | | | | |
|---|-----|---|-----|-----|
| Bihari languages | bih | India | IND | 356 |
| Bulgarian | bul | Bulgaria | BGR | 100 |
| Burmese | bur | Myanmar | MMR | 104 |
| Cantonese | | China | CHN | 156 |
| Catalan, Valencian | cat | Andorra | AND | 20 |
| Celtic languages | cel | Ireland | IRL | 372 |
| Central Sudanic languages | csu | Uganda | UGA | 800 |
| Chadic languages | cdc | Cameroon | CMR | 120 |
| Chagatai | chg | Tanzania | TZA | 834 |
| Chamorro | cha | Guam, US Island | GUM | 316 |
| Cherokee | chr | Cherokee Nation, US | USA | 840 |
| Chewa, Chichewa, Nyanja | nya | Zimbabwe | ZWE | 716 |
| Chinese | zho | China | CHN | 156 |
| Cornish | con | United Kingdom of Great Britain, Northern Ireland | GBR | 826 |
| Creoles and pidgins, English-based | cpe | Jamaica | JAM | 388 |
| Creoles and pidgins, French-based | cpf | Réunion | REU | 638 |
| Czech | ces | Czech Republic | CZE | 203 |
| Dagaari Dioula | dgd | Burkina Faso | BFA | 854 |
| Danish | dan | Denmark | DNK | 208 |
| Dardic | | Pakistan, Afghanistan | | |
| Dutch, Flemish | dut | Netherland | NLD | 528 |
| E. Punjabi | | India | IND | 356 |

| | | | | |
|--|-----|---|-----|-----|
| English | eng | Antigua and Barbuda Australia The Bahamas Barbados Belize Canada Dominica Grenada Guyana Ireland Jamaica Malta New Zealand St. Kitts and Nevis St. Lucia St. Vincent and the Grenadines Trinidad and Tobago United Kingdom United States of America | | |
| English based creoles and pidgins | cpe | Other Native North American | | |
| Eskimo-Aleut languages | esx | Alaska, NW Territories, Quebec | | |
| Ewe | ewe | Ghana | GHA | 288 |
| Fang (Equatorial Guinea) | fan | Equatorial Guinea | GNQ | 226 |
| Fanti | fat | Ghana | GHA | 288 |
| Faroese | fao | Faoe Islands | FRO | 234 |
| Filipino | fil | Philipines | PHL | 608 |
| Fon | fon | Benin | BEN | 204 |
| French (incl. Patois, Cajun) | roa | France, Canada, DR Congo, Madagascar, multiple countries | FRA | 250 |
| Fula | ful | Ghana | GHA | 288 |
| Ga | gaa | Ghana | GHA | 288 |
| Gaelic, Scottish Gaelic | gla | United Kingdom of Great Britain, Northern Ireland | GBR | 826 |
| Gbaya | gba | Central African Republic | | |

| | | | | |
|--|-----|----------------------------|-----|-----|
| Germanic languages | gem | Germany | DEU | 276 |
| Gikuyu, Kikuyu | kik | Kenya | KEN | 404 |
| Gothic | got | Other German | | |
| Greek languages | grk | Greece | GRC | 300 |
| Gujarati | guj | India | IND | 356 |
| Haitian creole | cpf | Haiti | HTI | 332 |
| Hausa | hau | Nigeria | NGA | 566 |
| Hawaiian | haw | United State of America | USA | 840 |
| Hebrew | heb | Israel | ISR | 376 |
| Himachali languages, Western Pahari languages | him | India | IND | 356 |
| Hindi | hin | India | IND | 356 |
| Hmong | | China | CHN | 156 |
| Hmong-Mien languages | hmx | China | CHN | 156 |
| Hungarian | hun | Hungary | HUN | 348 |
| Icelandic | ice | Iceland | ISL | 352 |
| Igbo | ibo | Nigeria | NGA | 566 |
| Indonesian | ind | Indonesia | IDN | 360 |
| Iranian languages | ira | Iran (Islamic Republic of) | IRN | 364 |
| Irish | gle | Republic of Ireland | IRL | 372 |
| Iroquian languages | iro | Iroquois, USA | USA | 840 |
| Italian | ita | Italy | ITA | 380 |
| Japanese (family) | jpx | Japan | JPN | 392 |
| Kanuri | kau | Nigeria | NGA | 566 |
| Kinyarwanda | kin | Rwanda | RWA | 646 |
| Korean | kor | Korea | KOR | 410 |
| Kurdish | ckb | Iran, Iraq, Syria, Turkey | | |
| Lao | lao | Laos | LAO | 418 |
| Latvian | lav | Latvia | LVA | 428 |

| | | | | |
|---|-----|--|-----|-----|
| Lingala | lin | Congo Republic-Brazzaville | COD | 180 |
| Lozi | loz | Zambia | ZMB | 894 |
| Lunda | lun | Zambia | ZMB | 894 |
| Madarin Chinese | cmn | China | CHN | 156 |
| Malagasy | mlg | Madagascar | MDG | 450 |
| Malay | may | Malaysia | MYS | 458 |
| Manx | glv | Isle of Man | IMN | 833 |
| Maori | mri | New Zealand | NZL | 554 |
| Marathi | mar | India | IND | 356 |
| Minnan | | Taiwan (Province of China) | TWN | 158 |
| Mon-Khmer languages | mkh | Cambodian | KHM | 116 |
| Navaho, Navajo | nav | North American Indian | USA | 840 |
| Nepali | nep | Nepal | NPL | 524 |
| Netherlandic | | Netherlands | NLD | 528 |
| North Ndebele | nde | Mozambique | MOZ | 508 |
| Northern Sotho, Pedi, Sepedi | nso | South Africa | ZAF | 710 |
| Norwegian | nor | Norway | NOR | 578 |
| Nubian languages | nub | Sudan | SDN | 729 |
| Occitan | oci | Spain | ESP | 724 |
| Odiai | bhf | Indian | IND | 356 |
| Pahari | bfz | India | IND | 356 |
| Pashto, Pushto | pus | Pakistan, Afghanistan, Iran | | |
| Persian | fas | Iran (Islamic Republic of) | IRN | 364 |
| Polish | pol | Poland | POL | 616 |
| Portuguese | por | Portugal Brazil, Mozambique | | |
| Portuguese-based creoles and pidgins | cpp | Angola, Brazil, Cape Verde, East Timor, | | |

| | | | | |
|-------------------------------|-----|--|-----|-----|
| | | Guinea Bissau, Mozambique | | |
| Rajasthani | raj | India, Pakistan | | |
| Rarotongan | rar | Cook Islands Maori | COK | 184 |
| Russian | rus | Russia | RUS | 643 |
| Samoan | smo | Samoa | WSM | 882 |
| Serbo-Croatian | hbs | Bosnia, Serbia, Croatia, Montenegro | | |
| Shona | sna | Zimbabwe | ZWE | 716 |
| Sindhi | snd | Pakistan, India | | |
| Sinhala, Sinhalese | sin | Sri Lanka | LKA | 144 |
| Sino-Tibetan languages | sit | China | CHN | 156 |
| Slovak | slk | Slovakia | SVK | 703 |
| Somali | som | Djibouti, Somalia | SOM | 706 |
| Soninke | snk | Mauritania | MRT | 478 |
| South Ndebele | nbl | Zimbabwe | ZWE | 716 |
| Spanish | spa | Argentina Bolivia Chile Colombia Costa Rica Cuba Dominican Republic Ecuador El Salvador Guatemala Honduras Mexico Nicaragua Panama Paraguay Peru Uruguay Venezuela Puerto Rico Spain Equitorial Guinea | | |
| Swahili | swa | Tanzania, Kenya, | | |

| | | | | |
|------------------------------|------|--|-----|-----|
| | | Uganda, Rwanda | | |
| Swedish | swe | Sweden, Finland | | |
| Tagalog | tgl | Philippines | PHL | 608 |
| Tahitian | tah | French Polynesia | PYF | 258 |
| Tajiki Arabic | abh | Tajikistan | TJK | 762 |
| Tamil | tam | Réunion | REU | 638 |
| Thai | tha | Thailand | THA | 764 |
| Tigre | tig | Eritrea | ERI | 232 |
| Tigrinya | tir | Eritrea | ERI | 232 |
| Tiv | tiv | Nigeria | NGA | 566 |
| Tonga (Tonga Islands) | ton | Zambia | ZMB | 894 |
| Tswana | tsn | Zimbabwe | ZWE | 716 |
| Twi | twi | Ghana | GHA | 288 |
| Urdu | urd | Pakistan, India | | |
| Venda | ven | Zimbabwe | ZWE | 716 |
| Vietnamese | vie | Vietnam | VNM | 704 |
| Welsh | cym | United Kingdom of Great Britain Northern Ireland | GBR | 826 |
| Wolof | wol | Gambia | GMB | 270 |
| Xhosa | xho | South Africa | ZAF | 710 |
| Yoruba | yor | Nigeria, Benin | | |
| Yiddish | yid | Israel, Russia, United States of America | | |
| Zulu | zul | South Africa | ZAF | 710 |
| Other* | oth* | Type of communication device | | |
| Unknown | und | Undetermined | | |