



**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

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## 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
	Race Standards	Deleted "for database use only" and clarified category purpose
	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 <a href="#">PA 23-133 §1</a> , i.e. "Hispanic/Latino/Latina / <b>Latine</b> / 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
<b>REL-D Data Collection Standards and Master Toolkit 4.0</b>  <b>July 2024</b>	<b>Revised the Format of REL Standards Documents</b>	<b>1)</b> 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) <b>2)</b> Sunsetting the REL 3.0 standards Excel Workbook
	<b>Table of Contents</b>	Updated Table of Contents
	<b>Background</b>	<b>1)</b> Added information about the OMB Revised Race and Ethnicity Standards issued on March 28, 2024 <b>2)</b> Deleted information about the previous OMB Race and Ethnicity Standards and the mapping between the OMB Standards and the CCIP recommendations <b>4)</b> Updated references and reference links <b>5)</b> Deleted the reference to definitions
	<b>CT State Agencies</b>	Deleted contact references from table heading
	<b>Race Standards Original</b>	Deleted section with unique standards for race
	<b>Ethnicity Standards Original</b>	Deleted section with unique standards for ethnicity

	<p><b>Race/Ethnicity Standards</b></p>	<p><b>1)</b> Deleted codes for Non-Hispanic and duplicate codes for "other ethnicities" (labeled 1, 2, and 3)</p> <p><b>2)</b> 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><b>3)</b> 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><b>4)</b> Deleted Sub-Categories of Alaskan Native and Iroquois in the Minimum Category of American Indian or Alaskan Native</p> <p><b>5)</b> 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><b>6)</b> Added Sub-Categories of Barbadian, Congolese, Ethiopian, Ghanan, Nigerian, St. Lucian, Trinidadian, and Tobagonian in the Minimum Category of Black of African American, to reflect 2020 Census data.</p> <p><b>7)</b> Deleted Sub-Categories of African and Dominican in the Minimum Category of Black of African American, to reflect 2020 Census data</p> <p><b>8)</b> Added Sub-Categories of Brazilian and Hispanic in the Minimum Category of Hispanic/Latino/Latina Latine/Spanish</p>
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		<p><b>9)</b> Deleted the word "Other" from the Minimum Category of "Native Hawaiian or Other Pacific Islander" as required by Revised OMB Directive</p> <p><b>10)</b> 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><b>11)</b> 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><b>12)</b> 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><b>13)</b> Deleted Sub-Categories "some other race" because race is not being collected as a unique category in accordance with Revised OMB Directive</p> <p><b>14)</b> Deleted multiple duplicative codes for Decline/ Unsure/Unable/Not Disclosed for Race and for Ethnicity</p> <p><b>15)</b> Re-ordered the six OMB Minimum Categories into alphabetical order</p> <p><b>16)</b> 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><b>17)</b> Added the Minimum Data Categories and examples of Sub-Categories from the Revised OMB Directive</p> <p><b>18)</b> Revised the instructions</p> <p><b>19)</b> Deleted the column with OMB Race/Ethnicity codes and column for CCIP Race codes</p>
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	<b>REL Example Questions and Response Options</b>	Replaced the Example Questions and Response Options in REL 3.0 with the section titled, <b><i>“Asking Patients, Clients, Consumers to Self-Report REL-D Data”</i></b>
	<b>Disability Standards</b>	Added background with links on disability standards
	<b>Sample Forms</b>	<b>1)</b> Added a sample race/ethnicity data collection form from OMB Revised SPD guidance <b>2)</b> Added Connecticut’s sample race/ethnicity form <b>3)</b> Added Connecticut’s sample disability questionnaire form
	<b>Race/Ethnicity Tabulation Guidance and Example</b>	<b>1)</b> Added tabulation guidance from the OMB SPD 15 update <b>2)</b> Added a tabulation example based on the OMB SPD 15 update <b>3)</b> 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](mailto: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

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

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.

## 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 Census<sup>1</sup> 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 <b>sole ethnic or racial</b>	Aligns with OMB Approach 1; report on categories alone or in combination.

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



<b>designation and not in combination</b> with any other ethnic or racial designation;	
The number or percentage of individuals who identify with each ethnic or racial designation, whether as their <b>sole ethnic or racial designation</b> or <b>in combination</b> 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 <b>identify with multiple ethnic or racial designations</b> ; and	Aligns with OMB Approach 1; report on categories alone or in combination.
The number or percentage of individuals who <b>do not identify or refuse to identify</b> 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 <b>unsure about or do not know</b> 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 status<sup>2</sup>.

In determining the disability data collection standards, OHS reviewed various disability data collection standards adopted by other states<sup>3,4</sup>, as well as the data standards adopted by

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

<sup>3</sup> [https://www.shvs.org/wp-content/uploads/2024/01/Collection-of-Self-Reported-Disability-Data-in-Medicaid-Applications\\_SHVS.pdf](https://www.shvs.org/wp-content/uploads/2024/01/Collection-of-Self-Reported-Disability-Data-in-Medicaid-Applications_SHVS.pdf)

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



the HHS Data Council<sup>5</sup>, 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)<sup>6</sup>.

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 Survey<sup>7</sup> 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<sup>8 9</sup> 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).<sup>10</sup> 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

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

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

<sup>7</sup> [https://www.census.gov/content/dam/Census/library/working-papers/2023/acs/2023\\_Steinweg\\_01.pdf](https://www.census.gov/content/dam/Census/library/working-papers/2023/acs/2023_Steinweg_01.pdf)

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

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

<sup>10</sup> <https://www.cdc.gov/ncbddd/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?	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>I choose not to answer</li> <li>I am not sure / don't know</li> </ul>	No age threshold.
2. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>I choose not to answer</li> <li>I am not sure / don't know</li> </ul>	No age threshold.
3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>I choose not to answer</li> <li>I am not sure / don't know</li> </ul>	Question applies to those 5 years or older.
4. Do you have serious difficulty walking or climbing stairs?	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>I choose not to answer</li> <li>I am not sure / don't know</li> </ul>	Question applies to those 5 years or older.
5. Do you have difficulty dressing or bathing?	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>I choose not to answer</li> <li>I am not sure / don't know</li> </ul>	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?	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>I choose not to answer</li> <li>I am not sure / don't know</li> </ul>	Question applies to those 15 years or older.
7. Do you have a disability that is not represented in the above questions?	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>I choose not to answer</li> <li>I am not sure / don't know</li> </ul>	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.

- ☐ Chinese      ☐ Asian Indian      ☐ Filipino  
☐ Vietnamese      ☐ Korean      ☐ Japanese

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

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

- ☐ African American      ☐ Jamaican      ☐ Haitian  
☐ Nigerian      ☐ Ethiopian      ☐ Somali

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

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

- ☐ Mexican      ☐ Puerto Rican      ☐ Salvadoran  
☐ Cuban      ☐ Dominican      ☐ Guatemalan

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

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

- ☐ Lebanese      ☐ Iranian      ☐ Egyptian  
☐ Syrian      ☐ Iraqi      ☐ Israeli

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

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

- ☐ Native Hawaiian      ☐ Samoan      ☐ Chamorro  
☐ Tongan      ☐ Fijian      ☐ Marshallese

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


- ☐ **White** – Provide details below.

- ☐ English      ☐ German      ☐ Irish  
☐ Italian      ☐ Polish      ☐ 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

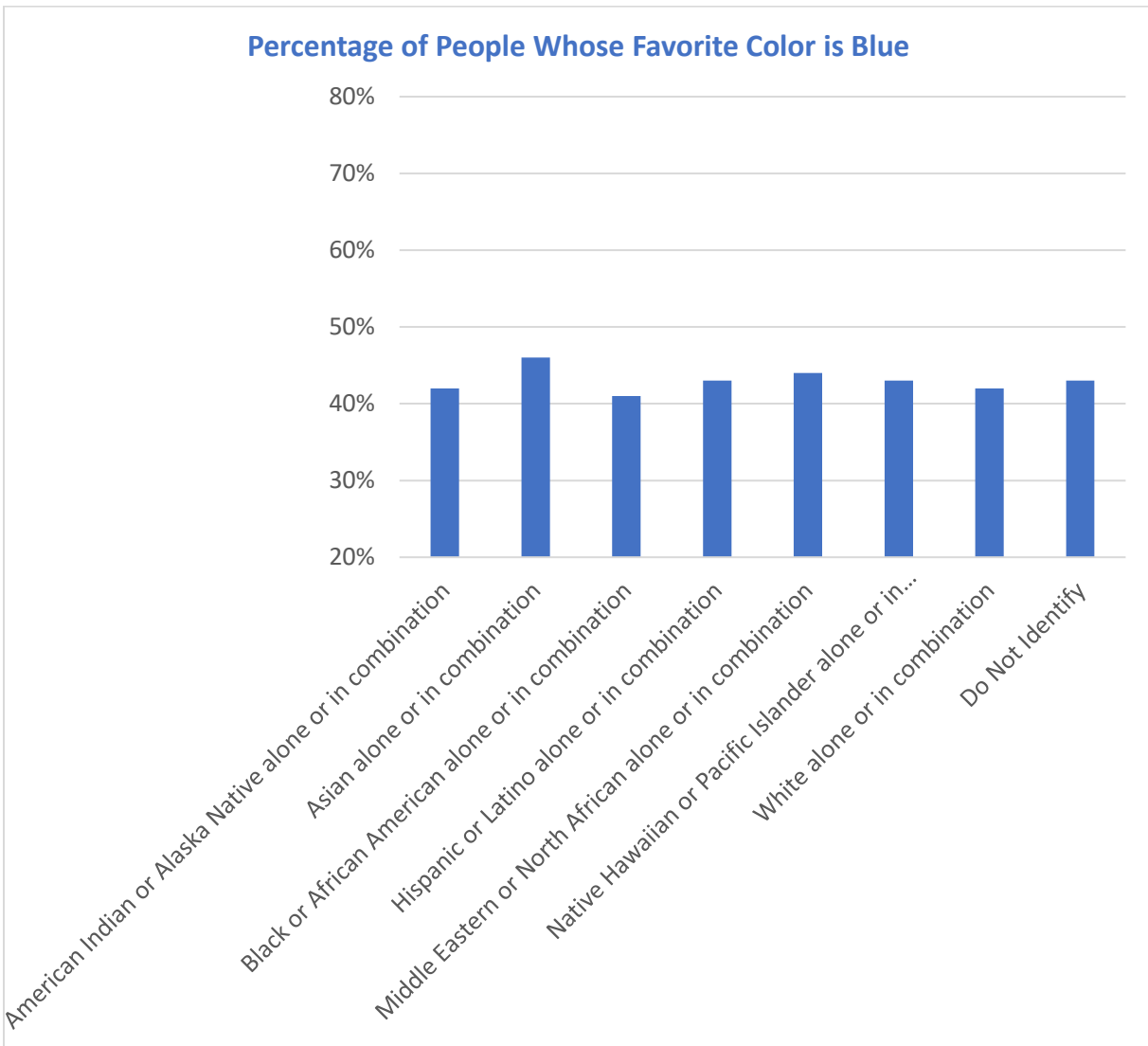
American Indian or Alaska Native and Native Hawaiian or Pacific Islander may be assigned to the Multiracial and/or Multiethnic group). Therefore, Federal agencies should use this approach in conjunction with another approach (like Approaches 1 or 2) to comply with the requirement to report as much information 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.



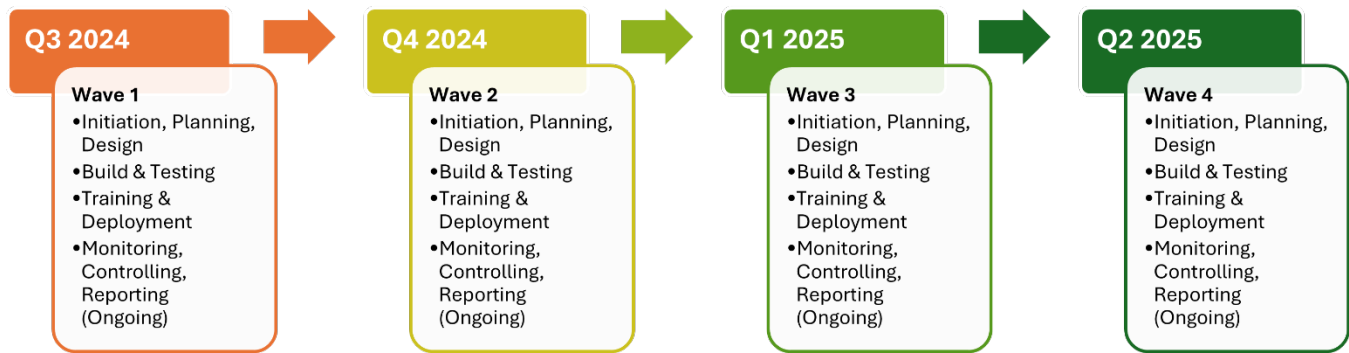
## Definitions and Descriptions

- **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			
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## 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 trouble 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	Atkasuk 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 Athabaskan	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  
 Boston Bar First Nation  
 Brazilian Indian  
 Bridge River  
 Bridgeport Paiute Indian Colony  
 Bristol Bay  
 Bristol Bay Aleut  
 Brokenhead Ojibway Nation  
 Brotherton  
 Brule Sioux  
 Buena Vista Rancheria of Me-Wuk Indians of California  
 Buffalo Point Band  
 Burns Paiute Tribe  
 Burt Lake Band of Ottawa and Chippewa Indians  
 Cabazon Band of Mission Indians  
 Cachil Dehe Band of Wintun Indians of the Colusa Rancheria  
 Caddo  
 Caddo Adais Indians  
 Caddo Nation of Oklahoma  
 Cahto Indian Tribe of the Laytonville Rancheria  
 Cahuilla  
 Cahuilla Band of Indians  
 Cakchiquel  
 Caldwell  
 California Valley Miwok Tribe  
 Calista  
 Campbell River Band  
 Campo Band of Diegueno Mission Indians  
 Canadian Indian  
 Canadian Indian, not elsewhere classified  
 Canela  
 Cape Mudge Band  
 Capitan Grande Band of Diegueno Mission Indians  
 Carcross/Tagish First Nation  
 Carib  
 Caribbean Indian  
 Caribou  
 Carrier Nation  
 Carry the Kettle Band  
 Catawba Indian Nation  
 Cayuga Nation  
 Cayuse  
 Cedarville Rancheria  
 Celilo  
 Central American Indian  
 Central American Indian, not elsewhere classified  
 Central Council of the Tlingit and Haida Indian Tribes  
 Central Pomo  
 Chalkyitsik Village  
 Chaloklowa Chickasaw  
 Chappaquiddick Tribe of the Wampanoag Indian Nation  
 Chatino

Chaubunagungamaug Nipmuck  
 Cheam Band  
 Cheesh-Na Tribe (Chistochina)  
 Chemainus First Nation  
 Chemakuan  
 Chemehuevi Indian Tribe  
 Cher-Ae Heights Indian Community of the Trinidad Rancheria  
 Cher-O-Creek Intratribal Indians  
 Cheroenhaka (Nottoway)  
 Cherokee  
 Cherokee Alabama  
 Cherokee Bear Clan of South Carolina  
 Cherokee Nation  
 Cherokee of Georgia  
 Cherokee Tribe of Northeast Alabama  
 Chevak Native Village  
 Cheyenne  
 Cheyenne and Arapaho Tribes, Oklahoma  
 Cheyenne River Sioux Tribe of the Cheyenne River Reservation, South Dakota  
 Chichimeca  
 Chickahominy Indian Tribe  
 Chickahominy Indian Tribe - Eastern Division  
 Chickaloon Native Village  
 Chicken Ranch Rancheria of Me-Wuk Indians  
 Chignik Bay Tribal Council (Native Village of Chignik)  
 Chignik Lake Village  
 Chilcotin Nation  
 Chilean Indian  
 Chilkat Indian Village (Klukwan)  
 Chilkoot Indian Association (Haines)  
 Chimariko  
 Chinantec  
 Chinik Eskimo Community (Golovin)  
 Chinook  
 Chippewa  
 Chippewa Cree Indians of the Rocky Boy's Reservation, Montana  
 Chippewa of Sarnia  
 Chippewa of the Thames  
 Chippewa/Ojibwe Canadian  
 Chitimacha Tribe of Louisiana  
 Chocho  
 Choco  
 Choctaw  
 Choctaw-Apache Community of Ebarb  
 Chugach Aleut  
 Chugach Corporation  
 Chuloonawick Native Village  
 Chumash  
 Circle Native Community  
 Citizen Potawatomi Nation, Oklahoma

Clatsop  
 Clayoquot  
 Clear Lake  
 Clifton Choctaw Tribe of Louisiana  
 Cloverdale Rancheria of Pomo Indians of California  
 Cochimi  
 Cocopah Tribe of Arizona  
 Coeur D'Alene  
 Coharie Indian Tribe  
 Cold Lake First Nations  
 Cold Springs Rancheria of Mono Indians  
 Coldwater Band  
 Colombian Indian  
 Colorado River Indian Tribe  
 Columbia  
 Columbia River Chinook  
 Comanche Nation, Oklahoma  
 Comox Band  
 Concho  
 Confederated Salish and Kootenai Tribes of the Flathead Nation  
 Confederated Tribes and Bands of the Yakama Nation  
 Confederated Tribes of Siletz Indians of Oregon  
 Confederated Tribes of the Chehalis Reservation  
 Confederated Tribes of the Colville Reservation  
 Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians  
 Confederated Tribes of the Goshute Reservation  
 Confederated Tribes of the Grand Ronde Community of Oregon  
 Confederated Tribes of the Umatilla Indian Reservation  
 Confederated Tribes of Warm Springs  
 Cook Inlet  
 Coos  
 Copper River  
 Coquille Indian Tribe  
 Coquiltam Band (Kwikwetlem First Nation)  
 Cora  
 Costa Rican Indian  
 Costanoan  
 Cote First Nation  
 Couchiching First Nation  
 Coughatta  
 Coughatta Tribe of Louisiana  
 Cow Creek Band of Umpqua Tribe of Indians  
 Cowessess Band  
 Cowichan  
 Cowlitz Indian Tribe  
 Coyote Valley Band of Pomo Indians of California  
 Craig Tribal Association  
 Cree  
 Cree Canadian  
 Croatian

Cross Lake First Nation  
 Crow Creek Sioux Tribe of the Crow Creek Reservation, South Dakota  
 Crow Tribe of Montana  
 Cuban Indian  
 Cuicatec  
 Cumberland County Association for Indian People  
 Cupeno  
 Curve Lake Band  
 Curyung Tribal Council (Native Village of Dillingham)  
 Delaware (Lenni-Lenape)  
 Delaware Nation  
 Delaware Tribe of Indians, Oklahoma  
 Dene Band Nwt (NW Territory)  
 Dene Canadian  
 Ditidaht Band  
 Dogrib  
 Dominican Indian  
 Douglas Indian Association  
 Doyon  
 Dry Creek Rancheria Band of Pomo Indians, California  
 Duckwater Shoshone Tribe  
 Duwamish  
 Eagle Lake Band  
 East of the River Shawnee  
 Eastern Band of Cherokee Indians  
 Eastern Cree  
 Eastern Creek  
 Eastern Muscogee  
 Eastern Pequot  
 Eastern Pomo  
 Eastern Shawnee Tribe of Oklahoma  
 Eastern Shoshone Tribe of the Wind River Reservation, Wyoming  
 Ebb and Flow Band  
 Echota Cherokee Tribe of Alabama  
 Ecuadorian Indian  
 Edisto Natchez-Kusso Tribe of South Carolina (Natchez Indian Tribe)  
 Egegik Village  
 Eklutna Native Village  
 Elem Indian Colony of the Sulphur Bank Rancheria  
 Elk Valley Rancheria  
 Elnu Abenaki Tribe  
 Ely Shoshone Tribe  
 Emmonak Village  
 English River First Nation  
 Enterprise Rancheria of Maidu Indians  
 Eskasoni  
 Eskimo  
 Esquimalt  
 Esselen  
 Evansville Village (Bettles Field)

Ewiiapaayp Band of Kumeyaay Indians  
 Federated Indians of Graton Rancheria  
 Fernandeno Tataviam Band of Mission Indians  
 Fisher River  
 Five Nations  
 Flandreau Santee Sioux Tribe of South Dakota  
 Fond du Lac Band  
 Forest County Potawatomi Community, Wisconsin  
 Fort Alexander Band  
 Fort Belknap Indian Community of the Fort Belknap  
 Reservation  
 Fort Bidwell Indian Community  
 Fort Independence Indian Community  
 Fort McDermitt Paiute and Shoshone Tribes of Nevada and  
 Oregon  
 Fort McDowell Yavapai Nation  
 Fort Mojave Indian Tribe of Arizona, California, and Nevada  
 Fort Sill Apache Tribe of Oklahoma  
 Four Winds Cherokee  
 French Canadian/French American Indian  
 Gabrieleno  
 Galena Village (Louden Village)  
 Garden River Nation  
 Georgetown  
 Georgia Eastern Cherokee  
 Gibson Band (Wahta Mohawk)  
 Gila River Indian Community of the Gila River Indian  
 Reservation  
 Gitksan  
 Golden Hill Paugussett  
 Grand Portage Band  
 Grand River Band of Ottawa Indians  
 Grand Traverse Band of Ottawa and Chippewa Indians  
 Grassy Narrows First Nation  
 Greenland Inuit  
 Greenville Rancheria  
 Grindstone Indian Rancheria of Wintun-Wailaki Indians  
 Gros Ventres  
 Guarani  
 Guatemalan Indian  
 Guatemalan Mayan  
 Guaymi  
 Guidiville Rancheria of California  
 Guilford Native American Association  
 Gulkana Village Council  
 Gull Bay Band  
 Guyanese South American Indian  
 Gwichya Gwich'in  
 Habematolel Pomo of Upper Lake  
 Haida  
 Haliwa-Saponi Indian Tribe  
 Hannahville Potawatomi Indian Tribe, Michigan  
 Hassanamisco Band of the Nipmuc Nation

Havasupai Tribe of the Havasupai Reservation  
 Healy Lake Village  
 Heiltsuk Band  
 Herring Pond Wampanoag Tribe  
 Hesquiaht Band  
 Hiawatha First Nation  
 Hidatsa  
 Ho-Chunk Nation  
 Hoh Indian Tribe  
 Holy Cross Tribe  
 Honduran Indian  
 Hoonah Indian Association  
 Hoopa Extension  
 Hoopa Valley Tribe  
 Hope Band (Chawathil Nation)  
 Hopi Tribe of Arizona  
 Hopland Band of Pomo Indians  
 Houlton Band of Maliseet Indians  
 Hualapai Indian Tribe of the Hualapai Indian Reservation  
 Huastec  
 Huave  
 Hughes Village  
 Huichol  
 Huron  
 Huron of Lorretteville  
 Huslia Village  
 Hydaburg Cooperative Association  
 Igiugig Village  
 Iipay Nation of Santa Ysabel  
 Illinois Miami  
 Inaja Band of Diegueno Mission Indians of the Inaja and  
 Cosmit Reservation  
 Inca  
 Indian Township  
 Indiana Miami  
 Innu (Montagnais)  
 Interior Salish  
 Inuit  
 Inupiat (Inupiaq)  
 Inupiat Community of the Arctic Slope  
 Ione Band of Miwok Indians  
 Iowa (Tribe)  
 Iowa Tribe of Kansas and Nebraska  
 Iowa Tribe of Oklahoma  
 Iqumuit Traditional Council  
 Iroquois  
 Ivanof Bay Village  
 Ixcatec  
 Jackson Band of Miwuk Indians  
 James Bay Cree  
 James Smith Cree Nation  
 Jamestown S'Klallam Tribe  
 Jamul Indian Village

Jena Band of Choctaw Indians  
 Jicarilla Apache Nation  
 Juaneno (Acjachemem)  
 Kaguyak Village  
 Kahkewistahaw First Nation  
 Kaibab Band of Paiute Indians of the Kaibab Indian Reservation  
 Kaktovik Village (Barter Island)  
 Kalapuya  
 Kalispel Indian Community  
 Kamloops Band  
 Kanaka Bar  
 Kanjobal  
 Karuk Tribe  
 Kashia Band of Pomo Indians of the Stewarts Point Rancheria  
 Kasigluk Traditional Elders Council  
 Kaska Dena  
 Kathlamet  
 Kaw Nation  
 Kawerak  
 Keeseekooseland Band  
 Kekchi  
 Kenaitze Indian Tribe  
 Kern Valley Indian Community  
 Ketchikan Indian Corporation  
 Kewa Pueblo, New Mexico  
 Keweenaw Bay Indian Community  
 Kialegee Tribal Town  
 Kickapoo  
 Kickapoo Traditional Tribe of Texas  
 Kickapoo Tribe of Indians of the Kickapoo Reservation in Kansas  
 Kickapoo Tribe of Oklahoma  
 Kikiallus  
 King Cove  
 King Island Native Community  
 King Salmon Tribe  
 Kingsclear Band  
 Kiowa  
 Kiowa Indian Tribe of Oklahoma  
 Kitamaat  
 Kitigan Zibi Anishinabeg  
 Klahoose First Nation  
 Klallam  
 Klamath Tribes  
 Klawock Cooperative Association  
 Kletsel Dehe Band of Wintun Indians  
 Knik Tribe  
 Koasek (Cowasuck) Traditional Band of the Sovereign Abenaki Nation  
 Kodiak  
 Koi Nation of Northern California

Kokhanok Village  
 Koniag Aleut  
 Konkow  
 Kootenai Tribe of Idaho  
 Koyukuk Native Village  
 Kumeyaay (Diegueno)  
 Kuna Indian  
 Kwakiutl  
 Kyuquot Band  
 La Jolla Band of Luiseno Indians, California  
 La Posta Band of Diegueno Mission Indians  
 Lac Courte Oreilles Band of Lake Superior Chippewa  
 Lac du Flambeau Band of Lake Superior Chippewa Indians  
 Lac Vieux Desert Band of Lake Superior Chippewa Indians  
 Lacandon  
 Lagunero  
 Lakahahmen Band  
 Lake Manitoba Band  
 Lake Minchumina  
 Lake St. Martin Band  
 Lake Superior Chippewa  
 Las Vegas Tribe of Paiute Indians of the Las Vegas Indian Colony  
 Lassik  
 Leech Lake Band  
 Lemhi-Shoshone  
 Lenca  
 Lennox Island Band  
 Levelock Village  
 Liard River First Nation  
 Lillooet  
 Lime Village  
 Lipan Apache  
 Listuguj Mi'Gmaq First Nation  
 Little River Band of Ottawa Indians of Michigan  
 Little Shell Tribe of Chippewa Indians of Montana  
 Little Shuswap Band  
 Little Traverse Bay Bands of Odawa Indians  
 Lone Pine Paiute-Shoshone Tribe  
 Long Plain First Nation  
 Los Coyotes Band of Cahuilla and Cupeno Indians  
 Louisiana Choctaw Tribe  
 Lovelock Paiute Tribe of the Lovelock Indian Colony, Nevada  
 Lower Brule Sioux Tribe of the Lower Brule Reservation, South Dakota  
 Lower Elwha Tribal Community  
 Lower Muscogee Creek Tribe  
 Lower Nicola Indian Band  
 Lower Sioux Indian Community in the State of Minnesota  
 Lower Skagit  
 Luiseno  
 Lumbee Tribe of North Carolina  
 Lummi Tribe



Lytton Rancheria of California  
 Ma-Chis Lower Creek Indian Tribe of Alabama  
 Maidu  
 Makah Indian Tribe  
 Malahat First Nation  
 Malheur Paiute  
 Maliseet  
 Manchester Band of Pomo Indians of the Manchester Rancheria, California  
 Mandan  
 Manley Hot Springs Village  
 Manokotak Village  
 Manzanita Band of Diegueno Mission Indians  
 Mapuche (Araucanian)  
 Maricopa  
 Marietta Band of Nooksack  
 Mashantucket Pequot Indian Tribe  
 Mashpee Wampanoag Tribe  
 Matachewan Band  
 Match-e-be-nash-she-wish Band of Pottawatomi Indians  
 Matinecock  
 Mattaponi Indian Tribe  
 Maya  
 Maya Central American  
 Maya South American  
 Mazahua  
 Mazatec  
 McGrath Native Village  
 Mcleod Lake  
 Mdewakanton Sioux  
 Mechoopda Indian Tribe of Chico Rancheria  
 Meherrin Indian Tribe  
 Menominee Indian Tribe  
 Mentasta Traditional Council  
 Mesa Grande Band of Diegueno Mission Indians  
 Mescalero Apache Tribe of the Mescalero Reservation, New Mexico  
 Metis  
 Metlakatla Indian Community, Annette Island Reserve  
 Metrolina Native American Association  
 Mexican American Indian  
 Mexican Indian  
 Miami (Tribe)  
 Miami Tribe of Oklahoma  
 Miccosukee Tribe of Indians of Florida  
 Micmac  
 Middletown Rancheria of Pomo Indians  
 Millbrook First Nation  
 Mille Lacs Band  
 Minnesota Chippewa  
 Miskito  
 Mission Indians  
 Mississaugas of the Credit

Mississippi Band of Choctaw Indians  
 Miwok/Me-Wuk  
 Mixe  
 Mixtec  
 Moapa Band of Paiute Indians of the Moapa River Indian Reservation, Nevada  
 Modoc  
 Mohawk  
 Mohawk Canadian  
 Mohawk Kahnawake  
 Mohawks of Kanesatake  
 Mohawks of the Bay of Quinte  
 Mohegan Tribe of Indians of Connecticut  
 Mohican Canadian  
 Molalla  
 Monacan Indian Nation  
 Mono  
 Montauk  
 Moor Indian  
 Mooretown Rancheria of Maidu Indians  
 Morongo Band of Mission Indians, California  
 Mountain Maidu  
 MOWA Band of Choctaw Indians  
 Muckleshoot Indian Tribe  
 Munsee  
 Musqueam Band  
 Nahua  
 Nahuatl  
 Naknek Native Village  
 Namgis First Nation (Nimkish)  
 Nana Inupiat  
 Nanaimo (Snuneymuxw)  
 Nanoose First Nation  
 Nansemond Indian Nation  
 Nanticoke  
 Nanticoke Lenni-Lenape  
 Narragansett Indian Tribe  
 Naskapi  
 Natchitoches Tribe of Louisiana  
 Nation Huronne Wendat  
 Native Village of Afognak  
 Native Village of Akhiok  
 Native Village of Akutan  
 Native Village of Aleknagik  
 Native Village of Ambler  
 Native Village of Atka  
 Native Village of Barrow Inupiat Traditional Government  
 Native Village of Belkofski  
 Native Village of Brevig Mission  
 Native Village of Buckland  
 Native Village of Cantwell  
 Native Village of Chanega (Chenega)  
 Native Village of Chignik Lagoon

Native Village of Chitina  
 Native Village of Chuathbaluk  
 Native Village of Council  
 Native Village of Deering  
 Native Village of Diomedé (Inalik)  
 Native Village of Eagle  
 Native Village of Eek  
 Native Village of Ekuk  
 Native Village of Ekwok  
 Native Village of Elim  
 Native Village of Eyak (Cordova)  
 Native Village of False Pass  
 Native Village of Fort Yukon  
 Native Village of Gakona  
 Native Village of Gambell  
 Native Village of Georgetown  
 Native Village of Goodnews Bay  
 Native Village of Hamilton  
 Native Village of Hooper Bay (Naparyarmiut)  
 Native Village of Kanatak  
 Native Village of Karluk  
 Native Village of Kiana  
 Native Village of Kipnuk  
 Native Village of Kivalina  
 Native Village of Kluti Kaah (Copper Center)  
 Native Village of Kobuk  
 Native Village of Kongiganak  
 Native Village of Kotzebue  
 Native Village of Koyuk  
 Native Village of Kwigillingok  
 Native Village of Kwinhagak (Quinhagak)  
 Native Village of Larsen Bay  
 Native Village of Marshall (Fortuna Ledge)  
 Native Village of Mary's Igloo  
 Native Village of Mekoryuk  
 Native Village of Minto  
 Native Village of Nanwalek (English Bay)  
 Native Village of Napaimute  
 Native Village of Napakiak  
 Native Village of Napaskiak  
 Native Village of Nelson Lagoon  
 Native Village of Nightmute  
 Native Village of Nikolski  
 Native Village of Noatak  
 Native Village of Nuiqsut (aka Nooiksut)  
 Native Village of Nunam Iqua  
 Native Village of Nunapitchuk  
 Native Village of Ouzinkie  
 Native Village of Paimiut  
 Native Village of Perryville  
 Native Village of Pilot Point  
 Native Village of Point Hope  
 Native Village of Point Lay

Native Village of Port Graham  
 Native Village of Port Heiden  
 Native Village of Port Lions  
 Native Village of Ruby  
 Native Village of Saint Michael  
 Native Village of Savoonga  
 Native Village of Scammon Bay  
 Native Village of Selawik  
 Native Village of Shaktoolik  
 Native Village of Shishmaref  
 Native Village of Shungnak  
 Native Village of Stevens  
 Native Village of Tanacross  
 Native Village of Tanana  
 Native Village of Tatitlek  
 Native Village of Tazlina  
 Native Village of Teller  
 Native Village of Tetlin  
 Native Village of Tuntutuliak  
 Native Village of Tununak  
 Native Village of Tyonek  
 Native Village of Unalakleet  
 Native Village of Unga  
 Native Village of Wales  
 Native Village of White Mountain  
 Nausu Waiwash  
 Navajo Nation  
 Nenana Native Association  
 New Jersey Sand Hill Band of Indians, Inc  
 New Koliganek Village Council  
 New Stuyahok Village  
 Newhalen Village  
 Newtok Village  
 Nez Perce Tribe  
 Nicaraguan Indian  
 Nikolai Village  
 Ninilchik Village  
 Nipissing First Nation  
 Nipmuc  
 Nisenen (Nishinam)  
 Nisga'a Nation  
 Nisqually Indian Tribe  
 Nome Eskimo Community  
 Nomlaki  
 Nondalton Village  
 Nooksack Indian Tribe  
 Noorvik Native Community  
 North Fork Rancheria of Mono Indians  
 North Thompson Band (Simpco First Nation)  
 Northern Arapaho Tribe  
 Northern Cherokee Nation of Missouri and Arkansas  
 Northern Cheyenne Tribe of the Northern Cheyenne  
 Reservation, Montana

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  
 Nunakuyarmiut 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 Athabaskan  
 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  
 Skuppah  
 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  
 Susquehanock  
 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 (Purepecha)  
 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
Thlopthlocco 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 Gwaitu 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 Chefornek
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
Tupi	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  
 Walker River Paiute Tribe of the Walker River Reservation,  
 Nevada  
 Walla Walla  
 Walpole Island  
 Wampanoag  
 Wampanoag Tribe of Gay Head (Aquinnah)  
 Wappo  
 Wasauksing First Nation  
 Wasco  
 Washoe Tribe of Nevada and California  
 Wassamasaw Tribe of Varnertown Indians  
 Waywayseecappo First Nation  
 Wazhaza Sioux  
 Wenatchee  
 West Bay Band  
 Whilkut  
 White Bear Band  
 White Earth Band  
 White Mountain Apache Tribe of the Fort Apache  
 Reservation, Arizona  
 White River Band of the Chickamauga-Cherokee  
 Whitefish Lake Band  
 Wichita and Affiliated Tribes, Oklahoma  
 Wicomico  
 Wikwemikong  
 Willapa Chinook  
 Wilton Rancheria  
 Wind River  
 Winnebago  
 Winnebago Tribe of Nebraska  
 Winnemucca Indian Colony of Nevada  
 Wintun  
 Wiseman

Wishram  
 Wiyot Tribe, California  
 Wolf Lake Band  
 Woodland Cree First Nation  
 Woodstock First Nation  
 Wrangell Cooperative Association  
 Wyandotte Nation  
 Xaxli'p First Nation (Fountain Band)  
 Yakama Cowlitz  
 Yakutat Tlingit Tribe  
 Yana  
 Yankton Sioux Tribe of South Dakota  
 Yanktonai Sioux  
 Yaqui  
 Yavapai Apache Nation of the Camp Verde Indian  
 Reservation  
 Yavapai-Prescott Tribe of the Yavapai Reservation  
 Yerington Paiute Tribe of the Yerington Colony and  
 Campbell Ranch, Nevada  
 Yocha Dehe Wintun Nation, California  
 Yokuts  
 Yomba Shoshone Tribe of the Yomba Reservation, Nevada  
 Ysleta del Sur Pueblo of Texas  
 Yuchi  
 Yuki  
 Yupiit of Andreafski  
 Yup'ik (Yup'ik Eskimo)  
 Yurok Tribe  
 Zaparo  
 Zapotec  
 Zoque  
 Zuni Tribe of the Zuni Reservation  
 Other Alaskan Native or American Indian, not specified

## 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
Bissau-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	Samoa
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 Irish
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 \(sil.org\)](#)

[ISO 639-2 Language Code List - Codes for the representation of names of languages \(Library of Congress\) \(loc.gov\)](#)

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

[https://portal.ct.gov/-/media/DEMHS/\\_docs/Plans-and-Publications/EHSP0087--DCPCountyLanguageDoc.pdf](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
<b>Adangme</b>	ada	Ghana	GHA	288
<b>Afar</b>	aar	Djibouti	DJI	262
<b>Afrikaans</b>	afr	South Africa	ZAF	710
<b>Afro-Asiatic languages</b>	afa	Other African		
<b>Akan</b>	aka	Ghana	GHA	288
<b>Albanian</b>	sqi	Albania	ALB	8
<b>Algonquian languages</b>	alg	United State of America	USA	840
<b>American sign language</b>	sgn	United States of America	USA	840
<b>Canadian sign language</b>	sgn	Canada	CAN	124
<b>Amharic</b>	amh	Ethiopia	ETH	231
<b>Arabic</b>	ara	Algeria, Comoros, Chad, Egypt, Djibouti, Morocco, etc		
<b>Armenian</b>	hye	Armenia	ARM	51
<b>Aromanian, Arumanian, Macedo-Romanian</b>	rup	Romania	ROU	642
<b>Baltic-salvic languages</b>	bat	Ukraine	UKR	804
<b>Bambara</b>	bam	Mali	MLI	466
<b>Bantu languages</b>	bnt	Tanzania	TZA	834
<b>Bedawiyet, Beja</b>	bej	Eritrea	ERI	232
<b>Bemba (Zambia)</b>	bem	Zambia	ZMB	894
<b>Bengali</b>	ben	Bangladesh	BGD	50
<b>Bengali</b>	ben	India, Bangladesh		
<b>Berber languages</b>	ber	Algeria, Cameroon, Morocco		

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



<b>English</b>	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		
<b>English based creoles and pidgins</b>	cpe	Other Native North American		
<b>Eskimo-Aleut languages</b>	esx	Alaska, NW Territories, Quebec		
<b>Ewe</b>	ewe	Ghana	GHA	288
<b>Fang (Equatorial Guinea)</b>	fan	Equatorial Guinea	GNQ	226
<b>Fanti</b>	fat	Ghana	GHA	288
<b>Faroese</b>	fao	Faoe Islands	FRO	234
<b>Filipino</b>	fil	Philippines	PHL	608
<b>Fon</b>	fon	Benin	BEN	204
<b>French (incl. Patois, Cajun)</b>	roa	France, Canada, DR Congo, Madagascar, multiple countries	FRA	250
<b>Fula</b>	ful	Ghana	GHA	288
<b>Ga</b>	gaa	Ghana	GHA	288
<b>Gaelic, Scottish Gaelic</b>	gla	United Kingdom of Great Britain, Northern Ireland	GBR	826
<b>Gbaya</b>	gba	Central African Republic		

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

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

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

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