

Race and Ethnicity Data Collection Tool

The State of Washington, Department of Health, has requested we provide race and ethnic background on all patients. Please use this optional self-reporting form for statistical data collection.

Which category best describes your race and ethnicity?

Ethnic Group	Race (select all that apply):	
<input type="checkbox"/> Hispanic or Latino(a), or Latinx	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Non- Hispanic or Latino(a), or Latinx	<input type="checkbox"/> American Indian	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Unavailable or Unknown	<input type="checkbox"/> Another Race	<input type="checkbox"/> White
<input type="checkbox"/> Declined to Answer	<input type="checkbox"/> Asian	<input type="checkbox"/> Unavailable or Unknown
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Declined to Answer

Ethnic Background		
<input type="checkbox"/> Afghani	<input type="checkbox"/> European	<input type="checkbox"/> Mongolian
<input type="checkbox"/> Afro-Caribbean	<input type="checkbox"/> Fijian	<input type="checkbox"/> Moroccan
<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Filipino	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Albanian	<input type="checkbox"/> First Nations	<input type="checkbox"/> Nepalese/Nepali
<input type="checkbox"/> American Indian	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Nicaraguan
<input type="checkbox"/> Arab	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> North African
<input type="checkbox"/> Armenian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Oromo
<input type="checkbox"/> Ashkenazi	<input type="checkbox"/> Hmong/Mong	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Honduran	<input type="checkbox"/> Pacific Northwest Indian
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hong Kong	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Australian / New Zealander		
<input type="checkbox"/> Indigenous	<input type="checkbox"/> Indian (South Asia)	<input type="checkbox"/> Persian/Iranian
	<input type="checkbox"/> Indigenous Latino/a or	
<input type="checkbox"/> Bamar, Burman / Burmese	<input type="checkbox"/> Indigenous Latinx	<input type="checkbox"/> Polish
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Bhutanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Romanian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Romanian/Rumanian
<input type="checkbox"/> Bosnian	<input type="checkbox"/> Israeli	<input type="checkbox"/> Russian
<input type="checkbox"/> Bulgarian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Burmese	<input type="checkbox"/> Jordanian	<input type="checkbox"/> Saudi Arabian
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Karen	<input type="checkbox"/> Somali
<input type="checkbox"/> Central American	<input type="checkbox"/> Kenyan	<input type="checkbox"/> South American
<input type="checkbox"/> Central American Indian		<input type="checkbox"/> South American Indian /
<input type="checkbox"/> Indigenous	<input type="checkbox"/> Khmer	<input type="checkbox"/> Indigenous
<input type="checkbox"/> Cham	<input type="checkbox"/> Korean	<input type="checkbox"/> Southern Africa
<input type="checkbox"/> Chicano/a or Chicanx	<input type="checkbox"/> Kurdish/Kurd	<input type="checkbox"/> Syrian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Kuwaiti	<input type="checkbox"/> Taiwanese
<input type="checkbox"/> Congolese	<input type="checkbox"/> Laotian/Lao	<input type="checkbox"/> Thai
<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Tibetan
<input type="checkbox"/> Croatian	<input type="checkbox"/> Malay	<input type="checkbox"/> Tongan
<input type="checkbox"/> Cuban	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Ugandan
<input type="checkbox"/> Dominican	<input type="checkbox"/> Mestizo	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Eastern European	<input type="checkbox"/> Mexican	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Egyptian	<input type="checkbox"/> Mexican American/Chicano	<input type="checkbox"/> White
<input type="checkbox"/> Eritrean	<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Yemeni
<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Mien	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> Unavailable or Unknown
		<input type="checkbox"/> Declined to Answer

Why does UW Medicine ask about race and ethnicity?

The goal of collecting registration data on race, ethnicity, and language data is to improve the quality of care and outcomes for all patients.

- Knowing the demographics of our patients helps us meet diverse care needs. For example, our dermatology clinic orders bandages to match a wide variety of skin tones, and our inpatient units have hair care products suitable for all textures.
- Evidence shows that health disparities based on race and ethnicity are still present in health care. UW Medicine finds this unacceptable; a key step in holding ourselves to a higher standard is ensuring we look at health outcomes, access to care, and other important data across these relevant demographic groups.

Will I be treated differently if I give (or don't give) my race/ethnicity?

- No. Federal law specifically protects individuals from discrimination based on race or ethnicity in health care settings. The purpose of collecting this information is to ensure we provide personalized, equitable care tailored to your needs.
- However, you are always in control of what you choose to share, and we respect your decision if you prefer not to disclose certain details.
- UW Medicine is committed to addressing all areas of bias, so if you see an opportunity for us to do better, please escalate your concerns to:

Organization	Phone Number	Email
HMC Patient Relations	206.744.0000	comment@uw.edu
UWMC Patient Relations	206.598.8382	UWMCares@uw.edu
UWMPC Patient Relations	206.520.4294	uwpc-cares4u@uw.edu
FHCC Patient Relations	206.606.1056	ptrelate@fredhutch.org
Department of Health	800.633.6828	HSQAComplaintIntake@doh.wa.gov