Why do we ask our patients about their race and ethnicity?

We have begun recently to ask our patients to identify their race, ethnicity and preferred language. If you are uncomfortable answering these questions, you should feel free to decline to answer, and we will not ask you again.

The federal government is promoting adoption of electronic health records, and one of their requirements for “meaningful use” of electronic health records is the ability to collect information about the race and ethnicity of our patients to measure and minimize care disparities based on these characteristics.

Extensive scientific research shows that disparities in the quality and outcomes of health care correlate with patients’ race and ethnicity. The Health Resources and Services Administration defines these health disparities as “population-specific differences in the presence of disease, health outcomes, or access to health care.” Numerous studies show that patient-specific race and ethnicity data help researchers understand the complex factors associated with reducing health care disparities. This information also assists providers and practices in designing and evaluating effective quality improvement programs.

Recent new studies indicate that a first step toward addressing health disparities involves collecting patients’ race, ethnicity, and language data, and linking this information to health care quality, safety, and utilization. “Medical practices alone cannot solve the problems of disparities. Collecting data is a start—not from the perspective of one patient at a time, but from a whole practice effort to improving quality,” says Robert C. Like, MD, MS, Director, Center for Healthy Families and Cultural Diversity.