



Ethnicity Data Collection Procedure

Procedure Number
WCDHB-PG-0044

Version Nos:
2

1. Purpose

This Procedure outlines the process whereby the West Coast District Health Board (WCDHB) will undertake collection of ethnicity data in order to comply with its accountability obligations in the Crown Funding Agreement, Operational Policy Framework, and as part of its responsibility to implement the WAVE Report.

2. Application

This Procedure is to be followed by all WCDHB staff members.

3. Definitions

For the purposes of this Procedure:

Ethnicity is taken to mean the ethnic group or groups that people identify with or feel they belong to. Therefore ethnicity is self-perceived and people can belong to more than one ethnic group. In addition, people can and do change their ethnic affiliation, both over time and depending upon the context in which they are asked to state their ethnicity.

Ethnic Group is taken to mean a social group whose members have the following four characteristics:

- share a sense of common origins;
- claim a common and distinctive history and destiny;
- possess one or more dimensions of collective cultural individuality;
- feel a sense of unique collective solidarity.

4. Responsibilities

For the purposes of this Procedure:

The **WCDHB** will ensure that its provider arm (WCDHB) and providers with whom it has contracts collect ethnicity data in an accurate manner, according to the requirements of this Procedure.

WCDHB Staff Members are required to collect ethnicity data in a manner that is respectful, cultural appropriate and mindful of the individual's rights to privacy and confidentiality.

5. Resources Required

This Procedure requires:

- WCDHB Ethnicity Question
- Ethnicity Collection Training Standards developed by Statistics NZ, the NZ Health Information Service and the Wellington School of Medicine.
- WCDHB Ethnicity Data Collection Audit Tool
- WCDHB Ethnicity Collection Information Pamphlet

6. Process

- 1.00 The WCDHB will ensure that its provider arm (WCDHB) and providers with whom it has contracts collect ethnicity data in an accurate manner, according to the requirements of this Procedure.



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- 1.01 Ethnicity is a vital demographic and social variable. Users of statistics, including health and disability service agencies and providers, require reliable, consistent and relevant data on ethnicity in order to measure differences in social well-being, social interaction and social change.
- 1.02 The WCDHB undertakes to use ethnicity data for the following purposes:
- i. As a basis for monitoring and reporting changes and disparities in outcomes and utilisation among ethnic groups over time;
 - ii. To assist in monitoring progress with implementing the obligations of the Treaty of Waitangi;
 - iii. To monitor the changing ethnic diversity of our population, so that service delivery can be appropriately targeted;
 - iv. Population estimates and projections for Māori, Pacific, European and Asian populations can be calculated;
 - v. The impacts and costs of central and local government policies on the economic, health and social well-being of ethnic groups evaluated and
 - vi. Expenditure forecasts and funding allocations for services for particular groups on the basis of need can be developed
 - vii. To assist in the delivery of services in a culturally appropriate way and to plan social services which meet the special needs of ethnic groups.
- 1.03 Factors that may contribute to or influence a person's ethnicity, and that are often interrelated, include:
- i. ancestry: people from whom a person is descended
 - ii. culture: broadly speaking, a person's way of life, which may include language, music, literature, values and beliefs, family life, religious ceremonies, and celebration days/events which have particular cultural significance
 - iii. where a person lives and the social context: e.g. rural or urban
 - iv. race: descendants of a common ancestor; often refers to physical characteristics such as skin colour
 - v. nationality: membership of, or belonging to, a particular nation; a group or set having the character of a nation
 - vi. country of birth: country where a person is born, regardless of ethnic group
 - vii. citizenship: the status of being a citizen
 - viii. religion and language: religion and/or language can be a marker of an ethnic group.
- 1.04 While any of the above factors can be important influences on a person's ethnicity, they do not necessarily determine a person's ethnicity. The standard outlined above should be applied.
- 1.05 Ethnicity should be collected by means of self-identification. Where this is not possible, for example, in the case of a death, the family/whanau spokesperson should be asked to respond.
- 1.06 The Ethnicity question should be updated on the same time cycle as patients/clients are asked to update their address or other personal details. Generally this will occur on an annual basis.
- 1.07 The WCDHB will ensure that its provider service agreements reserve its rights to monitor and audit ethnicity data collection Procedures, processes and performance.



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- 1.08 Patients/clients are to be given the opportunity to complete the ethnicity question themselves. If an individual needs help or wants more information, they are to be provided with the information pamphlet
- 1.09 For Maori, they are to be asked whether they wish to provide iwi affiliation. Up to 3 iwi may be entered if the data collection and reporting capability exists.
- 1.10 When asking patients/clients the question directly, staff members are to be confident and matter-of-fact, saying something like:
We are currently updating our patient information and adding ethnicity to our patient register. Would you mind completing this form/answering this question?
Staff members should also reassure each patient/client about confidentiality.
- 1.11 Staff members are not to question an individual's response.
- 1.12 When a child/young person is capable of understanding the concept of ethnicity, they are to be given an opportunity to complete the question themselves.
- 1.13 Staff members are to avoid transferring ethnicity data from another source
- 1.14 If the patient/client does not wish to answer the Ethnicity question, the response should be recorded as "not stated"
- 1.15 In some circumstances, the patient/client may be unable to complete the questionnaire for him or herself. In this instance, a proxy response is desired and the method for data collection is described below.
- i. *Disability* Where the respondent has a disability that will hinder their ability to complete the ethnicity question, appropriate aid should be provided.
 - ii. *Incapacity* If the respondent is unable to complete the ethnicity question, where possible the next of kin should answer the ethnicity question on behalf of the responder. If there is no one accompanying that person, the following steps should be taken
 - iii. Track and notify the personal representative to provide a proxy response, or
 - iv. Wait until the respondent is able to complete the ethnicity question.
 - v. *Deceased* The personal representative should provide a proxy response of the ethnicity of the deceased.
- 1.16 Up to 3 ethnic identities should be able to be recorded, and reported, in the agreed single/combination minimum output format recommended by Statistics NZ.
- 1.17 Providers must have suitable systems to ensure accurate and detailed ethnicity data information is captured, particularly on groups of policy interest
- 1.18 The priority recording and ranking systems for input, developed by Statistics NZ, must be used (See Guidelines)
- 1.19 Input prioritisation is to take place at processing. Therefore a practical and easy to administer system must be developed for both automatic and manual coding.



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- 1.20 Where possible, the collection of iwi affiliation (up to 3 iwi) for Maori should be recorded, and be able to be reported.
- 1.21 Where NHI data is used, the ethnicity question should still be asked to check the accuracy of that field, and any updated response entered.
- 1.22 Providers are responsible for ensuring that initial training and regular training updates are available for all clinical and administration staff who are responsible for the collection of ethnicity data to ensure they understand the rationale for data collection, the policy details, standards, processes, reporting and accuracy required
- 1.23 Training programmes must reflect the standards advised by Statistics NZ, the NZ Health Information Service and the Wellington School of Medicine.
- 1.24 Training programmes should include the importance for Maori of recording iwi identification, and the impact this information can have on supporting cultural assessment, treatment, service planning and delivery to improve Maori Health outcomes over time.

7. Precautions And Considerations

- ➔ The WCDHB will ensure that and its provider arm (WCDHB) and providers with whom it has contracts collect ethnicity data in an accurate manner, according to the standards set out in this
- ➔ The Ethnicity question should be updated on the same time cycle as patients/clients are asked to update their address or other personal details. Generally this is will occur on an annual basis.
- ➔ Providers are responsible for ensuring that initial training and regular training updates are available for all clinical and administration staff who are responsible for the collection of ethnicity data

8. References

Te Karangatanga Tangata”, pamphlet developed by Health Utilisation Research Alliance, 2001

9. Related Documents

WCDHB Ethnicity Data Collection Audit Tool



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10. Guidelines

Ethnicity Hierarchical Classification

Ethnicity is a hierarchical classification with five levels. Level zero has 4 categories, level one has 6 categories, level two has 25 categories, level three has 41 categories while level four has 231 categories. Providers should be able to capture, and if necessary, report ethnicity data to at least **Level 3**.

Level 0

The Level zero categories are:

1. European	2. Māori
3. Pacific Peoples	4. Other Ethnic Groups

Level 1

The Level one categories are:

1. European	2. Māori	3. Pacific Peoples
4. Asian	5. Other Ethnic Groups	

Level 2

The Level 2 categories are:

10 European (nfd) ¹	11 NZ European/ Pakeha	12 Other European	21 Māori
30 Pacific Peoples (nfd)	31 Samoan	32 Cook Island Maori	33 Tongan
34 Niuean	35 Tokelauan	36 Fijian	37 Other Pacific Peoples
40 Asian (nfd)	41 Southeast Asian	42 Chinese	43 Indian
44 Other Asian	51 Middle Eastern	52 Latin American/ Hispanic	53 African (or cultural group of African origin)
54 Other	96 Repeated Value	97 Response Unidentifiable	98 Response Outside Scope
99 Not Stated			

Level 3

The Level 3 categories are:

100 European (nfd) ²	111 NZ European/ Pakeha	120 Other European nfd	121 British & Irish
122 Dutch	123 Greek (incl. Greek Cypriot)	124 Polish	125 South Slav (formerly Yugoslav)
126 Italian	127 German	128 Australian	129 Other European
211 Māori	300 Pacific Peoples (nfd)	311 Samoan	321 Cook Island Maori
331 Tongan	341 Niuean	351 Tokelauan	361 Fijian
371 Other Pacific	400 Asian (nfd)	410 Southeast Asian	411 Filipino



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peoples		(nfd)	
412 Khmer/ Kampuchean/ Cambodian	413 Vietnames	414 Other Southeast Asian	421 Chinese
431 Indian	441 Sri Lankan	442 Korean	444 Other Asian
511 Middle Eastern	521 Latin American/ Hispanic	531 African (or cultural group of African origin)	541 Other
966 Repeated Value	977 Response Unidentifiable	988 Response Outside Scope	999 Not Stated

ETHNICITY QUESTION

Which ethnic group do you belong to? *Mark the space or spaces which apply to you*

- NZ European
- Maori
Iwi affiliation (optional, depending on data collection & reporting capability)
- Samoan
- Cook Island Maori
- Tongan
- Niuean
- Chinese
- Indian
- Other [such as Dutch, Japanese, Tokelauan]. Please state:

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