



A1010. Race	
What is your race?	
↓	Check all that apply
<input type="checkbox"/>	A. White
<input type="checkbox"/>	B. Black or African American
<input type="checkbox"/>	C. American Indian or Alaska Native
<input type="checkbox"/>	D. Asian Indian
<input type="checkbox"/>	E. Chinese
<input type="checkbox"/>	F. Filipino
<input type="checkbox"/>	G. Japanese
<input type="checkbox"/>	H. Korean
<input type="checkbox"/>	I. Vietnamese
<input type="checkbox"/>	J. Other Asian
<input type="checkbox"/>	K. Native Hawaiian
<input type="checkbox"/>	L. Guamanian or Chamorro
<input type="checkbox"/>	M. Samoan
<input type="checkbox"/>	N. Other Pacific Islander
<input type="checkbox"/>	X. Resident unable to respond
<input type="checkbox"/>	Y. Resident declines to respond
<input type="checkbox"/>	Z. None of the above

## A1010. Race (cont.)

**Item Rationale**

- The ability to improve understanding of and address racial disparities in health care outcomes requires the availability of better data related to social determinants of health, including race.
- Collection of A1010. Race provides data granularity important for documenting and tracking health disparities and conforms to the 2011 Health and Human Services Data Standards.
- This item uses the common uniform language approved by the Office of Management and Budget (OMB) to report racial categories (see Definitions: Race). Response choices A1010D through A1010J roll up to the Asian category of the OMB standard. Response choices A1010K through A1010N roll up to the Native Hawaiian or Other Pacific Islander category of the OMB standard. The categories in this classification are social-political constructs and should not be interpreted as being scientific or anthropological in nature.
- Collection of race data is an important step in improving quality of care and health outcomes.
- Standardizing self-reported data collection for race allows for the equal comparison of data across multiple post-acute-care settings.
- These categories are NOT used to determine eligibility for participation in any Federal program.

**Steps for Assessment: Interview Instructions**

1. Ask the resident to select the category or categories that most closely correspond to the resident's race from the list in A1010, Race.
  - Individuals may be more comfortable if this question is introduced by saying, "We want to make sure that all our residents get the best care possible, regardless of their racial background. We would like you to tell us your racial background so that we can review the treatment that all residents receive and make sure that everyone gets the highest quality of care" (Baker et al., 2005).

**DEFINITION****RACE****AMERICAN INDIAN OR ALASKAN NATIVE**

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**ASIAN**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam.

**BLACK OR AFRICAN AMERICAN**

A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

**NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**WHITE**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

## A1010. Race (cont.)



2. *If the resident is unable to respond, the assessor may ask a family member, significant other, and/or guardian/legally authorized representative.*
3. *Racial category definitions are provided only if requested in order to answer the item.*
4. *Respondents should be offered the option of selecting one or more racial designations.*
5. *Only use medical record documentation to code A1010, Race if the resident is unable to respond and no family member, significant other, and/or guardian/legally authorized representative provides a response for this item.*
6. *If the resident declines to respond, do not code based on other resources (family, significant other, or legally authorized representative or medical records).*

### Coding Instructions

*Check all that apply.*

- *If the resident provides a response, check the box(es) indicating the race category or categories identified by the resident.*
- **Code X, Resident unable to respond:** *if the resident is unable to respond.*
  - *In the cases where the resident is unable to respond and the response is determined via family, significant other, or legally authorized representative input or medical records, check all boxes that apply, including X. Resident unable to respond.*
  - *If the resident is unable to respond and no other resources (family, significant other, or legally authorized representative or medical records) provided the necessary information, code as X. Resident unable to respond.*
- **Code Y, Resident declines to respond:** *if the resident declines to respond.*
  - *When the resident declines to respond, code only Y. Resident declines to respond.*
  - *When the resident declines to respond do not code based on other resources (family, significant other, or legally authorized representative or medical records).*
- **Code Z, None of the above:** *if the resident reports or it is determined from other resources (family, significant other, or legally authorized representative or medical records) that none of the listed races apply.*

## A1010. Race (cont.)



### Examples

1. Resident *W* has severe dementia with agitation. During the Admission assessment, they are unable to provide their race. Their child informs the nurse that Resident *W* is Korean and African American.

**Coding:** A1010, Race would be coded as B. Black or African American, H. Korean, and X. Resident unable to respond.

**Rationale:** If Resident *W* is unable to respond but their family, significant other, or legally authorized representative provided the response, code those responses and X. Resident unable to respond.

2. Resident *Q* declines to provide their race during the admission assessment stating “I’d rather not answer.”

**Coding:** A1010, Race would be coded as Y. Resident declines to respond.

**Rationale:** If a resident declines to respond to this item, then code only Y. Resident declines to respond. Do not make attempts to code A1010, Race when a resident declines to respond based on other resources (family, significant other, or legally authorized representative or medical records).

3. Resident *V*, who is admitted to the SNF following a recent CVA resulting in confusion, is unable to answer when asked their race. Their family member reports that none of the listed races apply.

**Coding:** A1010, Race would be coded as X. Resident unable to respond and Z. None of the above.

**Rationale:** If a resident is unable to respond, family, significant other, or legally authorized representative input may be used to code A1010, Race and the assessor should code both the information determined via family, significant other, or legally authorized representative input or medical records (in this case, Z. None of the above) and X. Resident unable to respond.

