DATA EQUITY COALITION

DATA EQUITY COALITION STATE ADVOCACY TOOLKIT

SPRING 2026

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DATA EQUITY COALITION

MISSION

The mission of the Data Equity Coalition is to develop and recommend policy solutions that advocate for race, ethnicity, language, as well as disability, geography, and sexual orientation and gender identification standards in support of health outcomes.

Background

"In August 2022, the National Minority Quality Forum and Blue Cross Blue Shield Association jointly led four Data Equity Community Convenings collectively attended by over 25 organizations representing patients, consumers, payers, providers, businesses, and social change constituencies Leaders discussed gaps in data specificity that support efforts to address health equity, specifically the variability in the types of data collected, and how data is analyzed and applied. Participants emphasized the importance of understanding that the highest-quality data is self-reported.

NMQF and BCBSA took the learnings from these convenings and applied them in an issue brief, "Standardizing Data to Advance the Health Equity Movement: A Multi-Sectorial Strategy." The brief describes policy challenges and recommended solutions to advance a stakeholder-informed data equity movement that engages federal agencies, employers, labor, health systems, clinicians, and historically underrepresented populations. Specifically, the brief makes four recommendations to the Office of Management and Budget to update Statistical Policy Directive No. 15 (SPD 15), the federal government's minimum standard for collecting race and ethnicity data."

About Us

The Data Equity Coalition is a multi-stakeholder alliance dedicated to advancing data equity as a foundation for health equity. Through collective advocacy, education, and strategic engagement, the Data Equity Coalition works to strengthen the nation's data infrastructure and promote policies that improve the ability of healthcare organizations, policymakers, researchers, and communities to understand and address disparities across populations.

A cornerstone of the Coalition's work is advancing the implementation of the Office of Management and Budget's 2024 update to Statistical Policy Directive No. 15 (SPD 15), the first comprehensive revision to the federal standards for collecting race and ethnicity data in more than 25 years. The 2024 update represents a significant step forward in ensuring that federal data collection better reflects the diversity of the American population through modernized terminology, the establishment of a Middle Eastern or North African (MENA) minimum reporting category, and the adoption of a combined race and ethnicity question.

The Coalition recognizes the 2024 SPD 15 standards as the federal minimum standard for race and ethnicity data collection while advocating for more granular, standardized, and interoperable demographic data across race, ethnicity, language, sexual orientation and gender identity (SOGI), and disability status. Through public comment opportunities, convenings, strategic partnerships, and direct engagement with government and private-sector stakeholders, the Coalition advances policies and practices that improve the completeness, consistency, and usability of demographic data throughout the healthcare ecosystem.

Together, the Data Equity Coalition advances a shared vision of a healthcare system informed by robust and representative data, guided by diverse voices, and committed to serving all people with dignity, precision, and respect.

DATA EQUITY COALITION STATE ADVOCACY TO ALIGN WITH SPD 15 TOOLKIT

Introduction

Data is foundational to our understanding of how different factors influence our lives. Without complete and accurate data, we are unable to identify why disparities exist and to assess the impact of programs and initiatives intended to address these disparities and improve health outcomes. This is why detailed, expanded data collection categories are essential for disaggregation, ensuring that data captures the full picture so no population falls through the cracks.

The Data Equity Coalition was established in 2022 as a joint convening and collaboration between the National Minority Quality Forum and the BlueCross BlueShield Association with the goal of creating data collection standards that fully and accurately represent the entire population of the United States. By adopting robust and comprehensive race and ethnicity data standards, health care stakeholders, patient advocates, and researchers can better monitor data access utilization and design sustainable community interventions that support improved health outcomes.

Outdated and incomplete race and ethnicity data collection practices hinder the federal government's ability to gather accurate information that reflects the United States population. Standardizing race and ethnicity categories across all federal programs and data collection efforts is essential for guiding current and future data initiatives. Without these standards, data collection will remain incomplete and could unintentionally impact certain groups within the country's population.

On March 28, 2024, the Office of Management and Budget (OMB) published revisions to Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity (SPD 15), the first revision since 1997. These revisions are intended to enhance the federal government's ability to compare information and data across federal agencies and to understand how well federal programs serve all populations across the United States. Federal agencies must align with SPD 15 by 2029, leaving states and private entities only a few years to align their collection practices with the new revision.

The revision made the following changes:

- Establishes the minimum categories and definitions 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.
    - The Middle Eastern or North African is a new minimum category
- Establishes and requires a combined race and ethnicity question where respondents must be offered a single combined race and ethnicity question that allows them to select one category or multiple categories.
    - Respondents also have the ability to write in their ethnicity

An important consideration is that, while OMB's jurisdictional authority for data standards is limited to race and ethnicity, the Data Equity Coalition's broader advocacy efforts reinforce that SPD15 is the minimum standard and that advocacy continues in support of sexual orientation, gender identity, language, and disability.

To this end, with the implementation of the updated federal data collection standards for race and ethnicity underway, now is the time for states to align their data collection standards with those outlined in the 2024 revision of SPD 15. There are various instances of data sharing between state governments and the federal governments that include race and ethnicity data. If states lag behind in updating their data collection categories to align with SPD 15, it may impact data sharing and interoperability between states and the federal government. These inconsistencies may cause confusion and force either states or the federal government to use imputed data rather than self-reported data to account for them. It is imperative that states assess their own data collection practices to ensure alignment with the federal government so that data remains clean and accurate.

In September 2025, OMB extended the implementation of SPD 15 by six months. As of March 27, 2026, the compliance deadline has been extended until March 27, 2027. The extension allows stakeholders additional time for advocacy with state legislators and regulatory agencies to align state data collection efforts with SPD 15. The chart below highlights the timeline changes from what was initially outlined in the 2024 revision.

MARCH 2024 REVISION	SEPTEMBER 2025 EXTENSION
March 28, 2024 SPD 15 Revision Published	**March 28, 2024** SPD 15 Revision Published
July 28, 2025 Draft Action Plan on Race and Ethnicity Data Due to OMB	**September 28, 2025** OMB extends implementation of SPD 15 by six months
September 28, 2025 Action Plan on Race and Ethnicity Data due to OMB and posted publicly online	**March 28, 2027** Action Plan on Race and Ethnicity Data due to OMB and posted publicly online
March 28, 2029 All existing record keeping or reporting requirements must be made consistent with these standards	**September 28, 2029** All existing record keeping or reporting requirements should be made consistent with these standards

THE TOOLKIT

The purpose of this toolkit is to provide resources to Data Equity Coalition members to aid in their state advocacy efforts to align state data collection with federal standards. Coalition members can utilize these tools within their organization's state advocacy strategic planning and share certain resources, like the model legislative text, directly with state legislators.

1) STATE LEGISLATIVE SESSION CALENDAR 2026

Provides legislative session dates for each state and indicates which states are not in session during the year.

2) MODEL LEGISLATIVE TEXT FOR STATE ALIGNMENT WITH OMB SPD 15

Legislative text and drafting notes that state legislators may use to introduce a bill in their state to codify data collection alignment with SPD 15.

3) MODEL RESOLUTION TEXT FOR STATE ALIGNMENT WITH OMB SPD 15

Resolution text that national organizations of state legislators may adopt to align data collection commitments with SPD 15.

4) POLICY TALKING POINTS ON OMB SPD 15

Policy talking points that Coalition members may use when talking about this issue with state legislators or Members of Congress.

5) ONE-PAGER ON OMB SPD 15

A one-pager that can be shared digitally or printed as a leave behind that shows why SPD 15 is important and how it impacts our daily lives.

6) HEALTH CARE STAKEHOLDER TALKING POINTS ON OMB SPD 15

Talking points that Coalition members may use when talking about this issue outside of a political or government setting.

7) COMMUNITY TALKING POINTS ON OMB SPD 15

Talking points that Coalition members may use when talking about this issue in the communities they serve in an easy-to-understand way.

8) COMMUNITY ONE-PAGER ON OMB SPD 15

A one-pager that Coalition members may share digitally or printed with the communities they serve that shows why SPD 15 is important and how it impacts our daily lives in an easy-to-understand way.

LEGISLATIVE SESSION DATES

In Regular Session (suspension notes on next page) Not in Session

State	Session Dates												Intro Deadlines		Crossover	Carryover	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	House	Senate		'25 to '26	'26 to '27
Alabama	1/13			4/16										3/19/26	4/2/26	No	No
Alaska	1/20				5/20								2/23/26	2/23/26		Yes	No
Arizona	1/12			4/25									2/9/26	2/2/26	2/25/26	No	No
Arkansas				4/8	5/7								4/22/26	4/22/26		No	No
California	1/5							8/31					2/20/26	2/20/26	5/29/26	Yes	No
Colorado	1/14				5/13								2/13/26	2/6/26	3/20/26	No	No
Connecticut		2/4			5/6											No	No
Delaware	1/13					6/30										Yes	No
Florida	1/13		3/13										1/13/26	1/13/26		No	No
Georgia	1/12			4/2											3/6/26	Yes	No
Hawaii	1/21				5/8								1/28/26	1/28/26	3/12/26	Yes	No
Idaho	1/12		3/27										2/9/26	1/23/26	3/9/26	No	No
Illinois	1/14				5/31								2/6/26	2/6/26	4/17/26	Yes	No
Indiana	12/1/25	2/27											1/7/26	1/9/26	1/29/26	No	No
Iowa	1/12			4/21												Yes	No
Kansas	1/12			4/10									2/4/26	2/4/26	2/19/26	Yes	No
Kentucky	1/14			4/15									3/4/26	3/2/26		No	No
Louisiana			3/9			6/1							3/31/26	3/31/26	5/29/26	No	No
Maine	1/7			4/15												Yes	No
Maryland	1/14			4/13									2/13/26	2/9/26	3/23/26	No	No
Massachusetts	1/7						7/31									Yes	No
Michigan	1/14											12/31				Yes	No
Minnesota		2/17			5/18											Yes	No
Mississippi	1/6			4/5									1/19/26	1/19/26	2/12/26	No	No
Missouri	1/7				5/15									2/26/26		No	No
Montana	No regular session in even-numbered years																
Nebraska	1/7			4/17										1/21/26		Yes	No
Nevada	No regular session in even-numbered years																
New Hampshire	1/7					6/30							1/8/26		3/26/26	Yes	No
New Jersey	1/13											12/31				No	Yes
New Mexico	1/20	2/19											2/4/26	2/4/26		No	No
New York	1/7					6/4										Yes	No
North Carolina				4/21				8/31					4/30/26	4/30/26		Yes	No
North Dakota	No regular session in even-numbered years																
Ohio	1/5											12/31				Yes	No
Oklahoma		2/2			5/29								1/15/26	1/15/26	3/26/26	Yes	No
Oregon		2/2	3/6													No	No
Pennsylvania	1/6										11/30					Yes	No
Rhode Island	1/6					6/30										No	No
South Carolina	1/13				5/7											Yes	No
South Dakota	1/13		3/30										2/4/26	2/4/26	2/24/26	No	No
Tennessee	1/13			4/24									1/30/26	1/30/26		Yes	No
Texas	No regular session in even-numbered years																
Utah	1/14		3/14										1/30/26	1/30/26	3/3/26	No	No
Vermont	1/6				5/8											Yes	No
Virginia	1/14		3/14										1/23/26	1/23/26	2/17/26	No	No
Washington	1/12		3/12												2/17/26	Yes	No
West Virginia	1/14		3/14										2/17/26	2/23/26	3/4/26	Yes	No
Wisconsin	1/13		3/17													Yes	No
Wyoming		2/9	3/11										2/13/26	2/13/26	2/24/26	No	No

LEGISLATIVE SESSION DATES

State	Other Notes and Deadlines
Alabama	
Alaska	
Arizona	Adjournment deadline can be extended
Arkansas	Special session, re: tax cuts, TBA possible early May
California	
Colorado	
Connecticut	
Delaware	
Florida	Special session, re: budget, expected TBA for mid-April; Special session, re: congressional redistricting, 4/20/26 - 4/24/26
Georgia	
Hawaii	
Idaho	
Illinois	Senate committee deadline 3/13/26; House cmte. deadline 3/27/26
Indiana	2/27/26 is target adjournment date; statutory adjournment 3/14/26
Iowa	1st house committee deadline 2/20/26; 2nd house cmte. deadline 3/20/26
Kansas	First adjournment 3/27/26, Reconvenes for veto session 4/9/2
Kentucky	Veto recess 4/1/26 - 4/13/26
Louisiana	
Maine	
Maryland	
Massachusetts	Informal session begins 8/1/26; may reconvene formal session to vote on conference committee bills
Michigan	
Minnesota	
Mississippi	
Missouri	Veto session 9/16/26
Montana	
Nebraska	
Nevada	
New Hampshire	Senate committee deadline 3/5/26; House cmte. deadline 3/19/26
New Jersey	
New Mexico	
New York	
North Carolina	Still meeting in 2025 session on 1/12/26, 2/9/26, 3/9/26, & 4/9/26; 2026 session begins 4/21/26
North Dakota	Special session, re: rural health care, 1/21/26 - 1/23/26
Ohio	
Oklahoma	Committee deadline 3/5/26
Oregon	
Pennsylvania	
Rhode Island	
South Carolina	No crossover deadline this year in SC
South Dakota	Last day before veto recess 3/12/26; Veto day/sine die 3/30/26
Tennessee	
Texas	
Utah	
Vermont	
Virginia	Veto session 4/22/26; Special session, re: budget, convenes 4/23/26
Washington	
West Virginia	
Wisconsin	Special session, re: ban gerrymandering, 4/14/26
Wyoming	

DRAFT POLICY LANGUAGE FOR UNIFORM STATE ADOPTION OF DATA STANDARDS FOR RACE AND ETHNICITY

Introduction

The purpose of this model legislation is to establish consistent and effective standards for the collection of race and ethnicity data by state agencies and entities, aligning with the March 2024 revision of the Office of Management and Budget's Statistical Policy Directive No. 15 (OMB SPD 15). The revision marks the first update to the standards since 1997. According to government data, the racial and ethnic diversity of the United States has markedly increased between 1997 and 2024. For example, during this period, the U.S. experienced significant growth in populations identifying as Asian, Hispanic or Latino, Black or African American, and individuals reporting multiple racial or ethnic identities. The 2024 revision now recognizes seven minimum categories and emphasizes more precise and inclusive data collection to better capture and adapt to the evolving diversity of the U.S. population. Specifically, the major updates in the 2024 include:

(1) Collection of Race and Ethnicity Information Using One Combined Question – The update combined the current separate questions on Hispanic or Latino ethnicity and race into a single combined race and ethnicity question that allows respondents to select one or multiple categories, and require the use of this single-question format for both self-response and proxy response (for example, when one member of a household responds on behalf of other members).

(2) Addition of Middle Eastern or North African (MENA) as a New Minimum Category – The update creates a new minimum reporting category for MENA, separate and distinct from the White category, and revises the white category definition accordingly.

(3) Updating terminology based on public comments and consumer testing.

The alignment established by this model legislation is essential because all federal agencies will be required to implement these standards by September 2029, and states that proactively adopt these guidelines will benefit from greater interoperability, streamlined data sharing, and improved participation in and coordination with federally supported health care programs, research, and initiatives.

By standardizing data collection practices according to OMB SPD 15, states will ensure that demographic data is accurate, comparable, and actionable across jurisdictions, supporting not only transparency and improved statistical data about health system performance but also creating a foundation to deliver more responsive and effective programs for all communities in the state.

Beyond the benefits of more streamlined, interoperable, and aligned data, improved consistency in collecting race and ethnicity data is foundational to making all individuals visible within health care and government programs. With more precise and inclusive data, states and health care organizations will be better equipped to identify the unique needs of diverse communities.

This, in turn, will enable the delivery of more tailored, higher-quality, whole-person care and help address disparities in health outcomes. Robust, standardized demographic data empowers policymakers and interested stakeholders at the federal, state, and local levels to design and implement targeted interventions that improve communities across the United States.

The model language comprises the core components of the OMB SPD 15 standards. The data standards would apply to new collections by the state on a date specified by individual states, provided that both new and existing collections comply with the standards no later than September 28, 2029. This date aligns with the federal deadline required by OMB for existing federal agency data collections.

Uniform Standards for Race and Ethnicity Demographic Collection by Covered Agencies

Section 1. Collection of Race and Ethnicity Demographic Information

Every state agency, board, department, commission, instrumentality, or other affiliate in this state ("Covered Agency") that directly collects race and ethnicity data shall comply with the standards of [this Act] and be informed by the guidelines in the March 2024 revision of the federal Office of Management and Budget's Statistical Policy Directive No. 15 ("OMB SPD 15"). The standards in [this Act] do not require the collection of race and ethnicity data.

Section 2. Standards Used for Race and Ethnicity Demographic Information

(A) Minimum Categories and Definitions. The Covered Agency shall use the following seven minimum categories and definitions for data on race and ethnicity:

(1) American Indian or Alaska Native. Individuals with origins in any of the original peoples of North, Central, and South America, including, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, and Maya;

(2) Asian. Individuals with origins in any of the original peoples of Central or East Asia, Southeast Asia, or South Asia, including, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese;

(3) Black or African American. Individuals with origins in any of the Black racial groups of Africa, including, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali;

(4) Hispanic or Latino. Includes individuals of Mexican, Puerto Rican, Salvadoran, Cuban,

Dominican, Guatemalan, and other Central or South American or Spanish culture or origin;

(5) Middle Eastern or North African. Individuals with origins in any of the original peoples of the Middle East or North Africa, including, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, and Israeli;

(6) Native Hawaiian or Pacific Islander. Individuals with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands, including, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese; and

(7) White. Individuals with origins in any of the original peoples of Europe, including, for example, English, German, Irish, Italian, Polish, and Scottish.

(B) Detailed Categories; Exception. The Covered Agency shall collect the following detailed data on race and ethnicity beyond the minimum categories and definitions specified in subsection (b)(1) through (6), unless a Covered Agency determines that the potential benefit of the detailed data would not justify the additional burden to the agency and the public or the additional risk to privacy or confidentiality. In those cases, the Covered Agency must at least use the minimum categories in section (a) and justify this determination in written documentation. The detailed categories and corresponding standards are:

(1) Asian: Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese, Another group (for example, Pakistani, Hmong, Afghan, etc.);

(2) Black or African American: African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, Another group (for example, Trinidadian and Tobagonian, Ghanian, Congolese, etc.);

(3) Hispanic or Latino: Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, Another group (for example, Colombian, Honduran, Spaniard, etc.);

(4) Middle Eastern or North African: Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, Another group (for example, Moroccan, Yemeni, Kurdish, etc.);

(5) Native Hawaiian or Pacific Islander: Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, Another group (for example, Chuukese, Palauan, Tahitian, etc.); and

(6) White: English, German, Irish, Italian, Polish, Scottish, Another group (for example, French, Swedish, Norwegian, etc.)

(C) Methods and Format for Combined Question Required. The Covered Agency shall use the following methods and format that must result in a single, combined race and ethnicity question:

(1) The Covered Agency must offer a single combined race and ethnicity question that allows a respondent to select one category or multiple categories;

(2) The Covered Agency shall permit a single selection to be considered a complete response (e.g., Hispanic or Latino respondents are not required to select an additional category);

(3) Wherever possible, the Covered Agency shall collect race and/or ethnicity data through self-report, where the respondents directly provide their own race and/or ethnicity. In cases where self-report is not possible, the Covered Agency may collect such data by proxy reporting, where a person knowledgeable of another's race and/or ethnicity responds on their behalf;

(4) Whenever possible, and in accordance with subsection (b), when the Covered Agency uses "Another Group," it shall use write-in fields, drop-down items, or similar modes that allow the respondent to self-identify a specific race or ethnicity identity as an alternative to selecting only "Another Group" with listed examples with which the respondent does not individually self-identify (e.g., Swedish respondents are not required to select "Another Group" and may write-in or select a specific "Swedish" checkbox); and

(5) Whenever possible, and in accordance with subsection (b), the Covered Agency shall provide a write-in field for the American Indian or Alaska Native category to permit a respondent to write-in a specific identity (e.g., Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya [drafting note: states may wish to customize this list of examples for the most relevant AI/AN groups in the state]).

Section 3. Regulations, Guidance Permitted

(A) The Covered Agency is authorized under applicable authorities to revise and issue regulations, guidance, or instructions to conform to the requirements of [this Act].

(B) No regulations, guidance, or instructions issued by the Covered Agency after the effective date of [this Act] shall conflict or be inconsistent with OMB SPD 15.

Section 4. Effective Date

(A) The requirements of [this Act] shall become applicable [X date and no later than September 28, 2029] for all new collections by Covered Agencies that include racial or ethnic demographic information.

(B) All existing collections by a Covered Agency shall be made consistent with these standards in accordance with applicable legally required procedures that govern a Covered Agency's collection, and must be made consistent not later than September 28, 2029.

MODEL RESOLUTION LANGUAGE FOR ALIGNMENT WITH OMB SPD 15

Purpose

A resolution is a framework designed to promote consistency and efficiency when adopting a specific topic or issue. Resolutions ensure accountability by aligning actions with structure and clarity, and they provide clear steps to enhance education, awareness, and advocacy. The draft language aligns text that can be repurposed to confirm the 2024 update to the Office of Management and Budget Statistical Policy Directive No. 15 (SPD 15) and to incorporate data standards into resolutions for various state legislative associations supporting data disaggregation and demographic data collection.

RESOLUTION LANGUAGE

Whereas *high-quality standardized data is essential to identifying opportunities, better target access to care and health care resources, and improve care delivery;*

Collecting and analyzing data disaggregation, particularly race and ethnicity data, and empowering individuals and communities to identify and inform evidence-based actions are necessary to improve health outcomes and reduce disparities.

BE IT NOW THEREFORE RESOLVED, that the [ORGANIZATION NAME] urges state legislatures, state health departments, and other state agencies and institutions to make data collection standards for race and ethnicity a high priority and to work to ameliorate factors that lead to inadequate data collection practices that hinder population visibility in data sets, data consistency, data sharing, and interoperability, through the following measure:

- *States should address gaps in data infrastructure that prevent comprehensive analysis of the impact of policies and initiatives on different populations by supporting efforts to standardize and centralize data collection.*
- *States should encourage alignment with federal data collection standards by adopting the March 2024 revision of the Office of Management and Budget Statistical Policy Directive No. 15, Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity.*
- *States should align with federal data-collection standards to ensure that all communities are fully and accurately represented in the data collected, thereby improving health outcomes.*

DEC POLICY TALKING POINTS ON SPD 15

What is SPD 15?

- The Office of Management and Budget (OMB) initially developed Statistical Policy Directive No. 15 (SPD 15) in 1977 in cooperation with other Federal agencies to provide consistent data on race and ethnicity throughout the Federal Government, including the decennial census, household surveys, and Federal administrative forms. |

- The goals of SPD 15 are to ensure the comparability of race and ethnicity across Federal datasets and to maximize the quality of these data by ensuring the format, language, and procedures for collecting the data are consistent.
    - To achieve these goals, SPD 15 provides a minimum set of categories that all Federal agencies must use when collecting information on race and ethnicity, regardless of the collection mechanism, as well as additional guidance on the collection, compilation, and dissemination of these data.

- On March 28, 2024, OMB revised SPD 15. The revision replaces and supersedes OMB's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity.
    - These revisions to SPD 15 are intended to result in more accurate and useful race and ethnicity data across the Federal government.

UPDATE

On September 24, 2025, OMB released a statement shifting the timeline for implementation of the 2024 revision by six months. The Agency Action Plans previously due on September 28, 2025, are now due on March 28, 2027. The full implementation deadline was extended from March 28, 2029, to September 28, 2029.

Why are the 2024 revisions to SPD 15 important?

- Combined race and ethnicity question: The previous standards which collected race and ethnicity across two questions made people believe that there is only one ethnicity, Hispanic. The new standards highlight that there are multiple ethnicities and allow for more accurate self-reported data collection and data disaggregation.
- Ability to write in ethnicity: Seeing expanded ethnicities beyond Hispanic and having the ability to write in ethnicity allows for more accurate self-reported data collection and data disaggregation.
- MENA category: Previously, the Middle Eastern and North African populations were seen as White within the data standards. Separating this population from White allows for more accurate data collection and allows them to be more visible in data disaggregation.

DEFINITION

Data disaggregation refers to the process of breaking down aggregated data into smaller, more specific groups to reveal patterns or disparities that may be hidden within a larger dataset. This practice allows for better visualization of trends and patterns that are not visible when looking at the broader dataset. By separating compiled information into smaller units, data disaggregation helps in understanding underlying trends and making more informed decisions.

Why is SPD 15 important?

- Previous standards did not encompass the many racial and ethnic groups that are present in the country. The 2024 revision made it possible for people to be more visible in the data, which allows for more accuracy in data collection.
- By adopting robust and comprehensive race and ethnicity data, health entities can better monitor data access utilization and design sustainable community interventions that support health outcomes.
- Without more granular race and ethnicity standards, it becomes increasingly challenging to measure population health and the effectiveness of interventions for different populations accurately to meaningfully address their unique needs.

SPD 15: WHY DOES IT MATTER?

WHAT IS SPD 15?

Statistical Policy Directive 15 (SPD 15) is the standard for collecting race and ethnicity (R/E) data across the government, under the Office of Management and Budget (OMB), ensuring that data are captured accurately and consistently.

HOW DOES SPD 15 IMPACT US AS INDIVIDUALS IN HEALTHCARE?

SPD 15 strengthens the design of healthcare resources, services, and programs to ensure that each individual within the healthcare system can see themselves in the data. This ensures protection, representation, and accuracy in health decision-making, transparency, and resource allocation.

WHY THIS MATTERS

Race and ethnicity data inform clinical and public health research, guide quality improvement, and support more equitable care delivery. The 2024 updates to SPD 15 offer expanded categories that enable clearer and more consistent data collection and strengthen how healthcare organizations assess community needs.

YOUR ROLE IN BETTER DATA

How individuals choose to self-identify shapes the quality of data. The information reported can support care coordination, population health efforts, and accountability for advancing equitable care delivery.

Comprehensive data collection also includes sexual orientation and gender identity, social drivers of health, and disability. When populations are fully reflected through an intersectional lens, health systems are better positioned to advance access, quality, and outcomes.

THE SPD 15 PROCESS

GOVERNMENT

POLICY

SPD 15

Sets policy for consistent data collection categories for race, ethnicity.

STANDARDS

USCDI

Policy is used to develop technical standards called core data elements related to demographic data that certified health IT must support

PRACTICE

ONC CERTIFICATION

Technical standards are implemented and certified electronic health record systems are required to support USCDI elements

Health care organizations have to update their data collection mechanisms to align with the standards.

SPD 15 FORM

Click to view larger

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.

PATIENT

Enrollment forms, clinical intake forms, etc.

Self-reported data from the patient provides an accurate view of the communities health care organizations serve.

CASE MANAGEMENT & CARE COORDINATION

R/E data is used to coordinate and deliver more holistic, patient-centered care and facilitate connections to additional treatments, interventions, or services that are culturally and linguistically appropriate.

WORKFORCE

R/E data can be used to inform how health care organizations can build a workforce that is representative of the communities they serve, allowing health care organizations to provide culturally appropriate care and build trust with the people in their community.

DISEASE PREVALENCE & CLINICAL OUTCOMES

R/E data can be used to identify differences in disease prevalence and clinical outcomes. Health care organizations may use this data to better inform decisions and allocate resources and care to communities experiencing disparities or gaps in care to improve their health outcomes.

RESEARCH STUDIES

Demographic data, like R/E data, can be used to track and measure how communities are impacted by various issues. Research is used to inform policymaking, the development of programs, and other initiatives.

HEALTH CARE STAKEHOLDER TALKING POINTS

What is SPD 15

SPD 15 or Statistical Policy Directive No. 15 (SPD 15) from the Office of Management and Budget (OMB) was initially developed in 1977 to provide consistent data on race and ethnicity throughout the Federal Government, including the decennial census, household surveys, and Federal administrative forms.

The goals of SPD 15 are to ensure the comparability of race and ethnicity across Federal datasets and to maximize the quality of these data by providing the format, language, and procedures for collecting the data are consistent.

How does SPD 15 show up in our everyday lives?

SPD 15 shows up in our everyday lives in different ways. From enrollment forms and applications to surveys and intake forms at the doctor's office, wherever you are asked to identify your race and ethnicity, you see SPD 15 in practice.

If you have ever filled in your race and ethnicity on a form, survey, or other document, then you have interacted with SPD 15. The race and ethnicity questions that we see on enrollment forms, clinical intake forms, and applications come directly from SPD 15.

What recent changes have happened to SPD 15? How does this impact me?

In March 2024, after nearly 30 years, OMB revised SPD 15. The revisions to SPD 15 are intended to result in more accurate and useful race and ethnicity data across the Federal government.

The new standards in SPD 15 will go into effect in 2029. Once in effect, there will be some changes in how race and ethnicity are identified:

(1) Currently here are two questions, one for race and one for ethnicity. With the new change the two questions will be combined into one question.

(2) Race categories have expanded to include Middle Eastern/North African as its own standalone race. Additionally, there is the option to choose two or more races for self-identification to reflect heritage and familial lineage.

(3) Under each race category, you will see ethnicities to choose from and have the opportunity to write in your ethnicity if you do not see the ethnicity you identify as.

These changes will allow you to more accurately identify yourself, enabling racial and/or ethnic community members to be more visible in the data collected.

The goal here is to be seen. When you are more visible within data sets, policymakers, health care providers, researchers, and other stakeholders are more likely to create programs and initiatives that take your identity into account much more than before.

How do health care organizations use SPD 15?

Health care organizations use SPD 15 in various ways.
Here are some examples:

CASE MANAGEMENT & CARE COORDINATION

Demographic data is used to improve health outcomes by identifying and coordinating culturally and linguistically appropriate services that support an individual's health and well-being.

IMPROVE POPULATION HEALTH

Detailed demographic data, including race and ethnicity, is necessary to support national reporting of population health outcomes, to improve insights into trends, and identify drivers of outcomes. Population health data has identified profound disparities in care and health outcomes. One such example is the threefold difference in maternal deaths for Black women compared to White women.

HEALTHCARE WORKFORCE

Demographic data also informs how hospitals and other healthcare providers provide culturally competent care. When the health care workforce has a similar racial and ethnic makeup to the communities it serves, providers are more likely to build trust with patients and provide quality care that considers how patients show up in the world. This can lead to greater adherence to medical treatment and improved health outcomes.

Why you should care about SPD 15?

People should care about SPD 15 because it is foundational to federal data collection. From the census to government administered health surveys, SPD 15 enables you to be visible in the data the federal government and other stakeholders collect. Without data standards like SPD 15, individuals who are not squarely aligned within a category can fall through the cracks, leaving them in a challenging position where they are not considered within the data.

Why should your health care provider care about SPD 15?

Health care providers should care about SPD 15 because disaggregating quality measures and health outcomes by race and ethnicity enables providers to identify gaps and disparities that may affect specific populations. Without this detailed data, providers may not see the full picture, which can create barriers to providing high-quality patient care.

SPD 15 COMMUNITY TALKING POINTS

What is SPD 15?

SPD 15 is a set of rules from the U.S. government. It helps everyone use the same questions and answers for race and ethnicity. The Office of Management and Budget (OMB) made it in 1977.

SPD 15 helps make race and ethnicity data match across federal forms and surveys. It also helps make the data better by using the same words and steps each time.

Where do we see SPD 15 in everyday life?

You see SPD 15 when a form asks you about your race and ethnicity. This can happen on school forms, job applications, surveys, or at the doctor's office.

If you have ever checked a box for race or ethnicity on a form, you have used SPD 15. Many forms use questions that come from SPD 15.

What has changed in SPD 15, and how could it affect me?

In March 2024, OMB updated SPD 15. The goal is to collect race and ethnicity information in a way that is more correct and more helpful.

The new SPD 15 rules start in 2029. Here are some changes you may see on forms:

1)

Instead of two questions (one for race and one for ethnicity), there will be one combined question.

2)

The race list will add a new choice: Middle Eastern/ North African. You may also pick more than one race.

3)

Under each race choice, you will see more detailed groups to pick from. You can also write in your group if you do not see it.

THE GOAL IS FOR PEOPLE TO BE COUNTED AND SEEN.

When the data shows more detail, leaders, doctors, and others can make better plans, programs, and services for different communities.

How do health care groups use SPD 15?

Health care groups use SPD 15 in a few ways.
Here are some examples:

CARE HELP AND PLANNING

Race and ethnicity information can help teams connect people to services that fit their language and culture.

COMMUNITY HEALTH

Race and ethnicity data helps show health patterns and unfair differences in care. For example, Black women die from pregnancy-related causes about three times more often than White women.

HEALTH CARE WORKERS

This data can help clinics and hospitals train and support workers to give respectful care. When workers look like and understand the community, patients may trust them more and follow treatment plans.

Why should you care about SPD 15?

SPD 15 matters because it helps the federal government collect race and ethnicity information in the same way. This includes the census and health surveys. Without clear rules, some people may not fit the choices and may not be counted well in the data.

Why should your doctor or clinic care about SPD 15?

Doctors and clinics should care because they can look at care and health results by race and ethnicity. This can help them find problems and fix unfair gaps in care. Without this data, they may miss important needs.

SPD 15: WHY DOES IT MATTER TO ME?

What is SPD 15?

SPD 15 is a set of rules the government uses to collect information about race and ethnicity. It makes sure all areas of government ask and record the race and ethnicity question the same way. This helps the government collect fair and clear information.

How do rules, like SPD 15, impact me?

SPD 15 helps more people be counted. The new rules add more choices so people can describe who they are better. The best information comes from you!

The infographic below highlights how a policy like SPD 15 impacts our daily lives.

1

GOVERNMENT

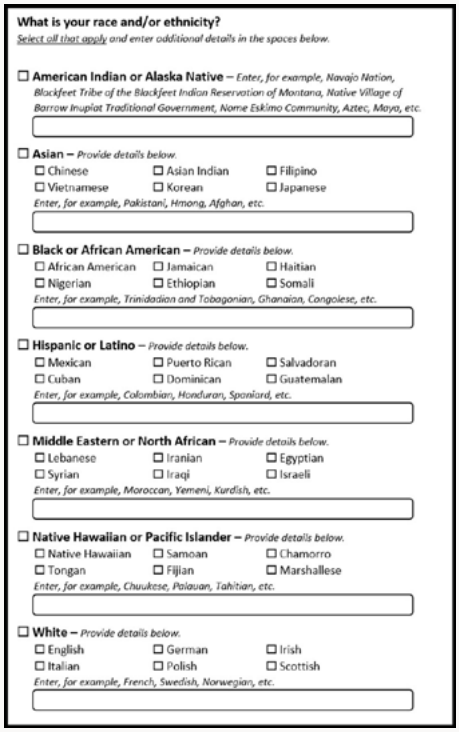
The government sets different rules. Health care groups must update their forms and systems to match these rules. This helps them collect better information.

2

PATIENT

You may see these questions on forms at the doctor's office. doctor's office. ***When you answer, it helps show who lives in your community.***

3



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.

4

CARE & SUPPORT

Race and ethnicity information helps doctors and nurses give better care. It helps them connect people to services that fit their culture and language.

WORKFORCE

Health care groups can build teams that look like the people they serve. This helps build trust and give better care.

HEALTH & DISEASE

This information helps find health problems in different communities. It helps send help where it is needed most.

RESEARCH

This information helps researchers learn about health problems. It helps leaders make better programs and rules.

How does SPD 15 affect you in healthcare?

SPD 15 helps doctors, nurses, and others in healthcare collect better information. When the information is clear, it is easier to plan services and share resources fairly.

WHY THIS MATTERS

Good data helps everyone be seen. When people are counted, care gets better. Information about race and ethnicity helps doctors and health leaders learn what people need. In 2024, the SPD 15 choices were updated, so people can pick options that fit them better. This can help hospitals understand the community more clearly, which leads to healthier communities for all.

Your role in better data

When we learn about the whole person, health systems can improve care for more people.

When you share how you describe yourself, it helps make the information better. Better information can help care teams work together and help health programs serve people well.

Good information also includes things like:

- ✓ DISABILITY
- ✓ WHERE PEOPLE LIVE AND WORK
- ✓ HOW THEY IDENTIFY THEMSELVES