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

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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.