

REVISED MAY 21, 2012

CROSSWALK OF DEMOGRAPHIC DATA COLLECTION AND ADVOCATES' RECOMMENDATIONS

	Medi-Cal http://www.dhcs.ca.gov/services/medicalapplication.aspx	Healthy Families http://www.healthyfamilies.ca.gov/downloads/applications.aspx	California Pre-Existing Condition Insurance Program/Major Risk Medical Insurance Program http://www.mrmib.ca.gov/MRIB/MRMIP.html	Affordable Care Act Section 4302 http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208	Advocates' Recommendations http://www.dhcs.ca.gov/Documents/CPEHN%20Combined%20Recommendations%20on%20Data%20Collection%2005-03-12.pdf
Race and Ethnicity	<p>Q56: Ethnicity (race) (optional): _____</p> <p>Instructions for Q56: You can choose to enter the Ethnicity (race) for each person. This information is used for statistics only and has no effect on your eligibility for Medi-Cal.</p>	<p>Q16. Ethnicity - Optional: _____</p> <p>Instructions for Q16: What do I write for ethnicity? Write the ethnic group that the child or pregnant woman belongs to. Here is a list that may help:</p> <p>Alaska Native Hispanic Amerasian Japanese Asian Indian Korean Black/African American Laotian Cambodian Native American Indian Chinese Other Asian Filipino Samoan Guamanian Vietnamese Hawaiian White Other</p>	<p>Section 1 Tell us about your ethnicity (optional)</p> <p><input type="checkbox"/> White <input type="checkbox"/> Black, African American</p> <p>Hispanic: <input type="checkbox"/> Cuban <input type="checkbox"/> Mexican, Mexican American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Hispanic _____</p> <p>Asian: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Amerasian <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian _____</p> <p>Pacific Islander: <input type="checkbox"/> Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander _____</p>	<p>Are you Hispanic, Latino/a, or Spanish origin (one or more categories may be selected)</p> <p>a. No, not of Hispanic, Latino/a, or Spanish origin b. Yes, Mexican, Mexican American, Chicano/a c. Yes, Puerto Rican d. Yes, Cuban e. Yes another Hispanic, Latino, or Spanish origin</p> <p>What is your race? (one or more categories may be selected)</p> <p>a. White b. Black or African American c. American Indian or Alaska Native d. Asian Indian e. Chinese f. Filipino g. Japanese h. Korean i. Vietnamese j. Other Asian</p>	<p>Is this person of Hispanic, Latino, or Spanish origin?</p> <p><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin - <i>Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i></p> <hr/> <p>What is this person's race? Mark one or more boxes.</p> <p><input type="checkbox"/> White <input type="checkbox"/> Black, African Am., or Negro <input type="checkbox"/> American Indian or Alaska Native - <i>Print name of enrolled or principal tribe.</i></p> <hr/>

		<p>Q51. Check all boxes that describe you: Native American Indian [for Special Population Plans]</p>	<p><input type="checkbox"/> Aleut/Alaska Native <input type="checkbox"/> American Indian, Native American <input type="checkbox"/> Eskimo</p> <p>Other, not listed above _____</p>	<p>k. Native Hawaiian l. Guamanian or Chamorro m. Samoan n. Other Pacific Islander</p>	<p><input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hmong <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Other Asian - <i>Print race, for example, Thai, Pakistani, Indonesian, Burmese, and so on.</i></p> <hr/> <p><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i></p> <hr/> <p><input type="checkbox"/> Some other race - <i>Print race.</i></p> <hr/> <p>What is this person's ancestry or ethnic origin?</p> <hr/> <p><i>(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)</i></p>
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<p>Primary Language</p>	<p>Q14A. What language/dialect do you speak best? _____</p> <p>Q14B. What language do you read best? _____</p> <p>Instructions for Q14A-B: Enter the language you speak and/or read best.</p>	<p>Q6. What language do you want us to speak to you in? _____</p> <p>Q7. What language should we write to you in? _____</p>	<p>Section 1 Household information (optional) What language do you want us to use when speaking with you? _____</p> <p>What language should we use when we write to you? _____</p>	<p>How well do you speak English? (5 years old or older) <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all</p> <p>Do you speak a language other than English at home? (5 years old or older) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For persons speaking a language other than English (answering yes to the question above) What is this language? (5 years old or older) <input type="checkbox"/> Spanish <input type="checkbox"/> Other Language (Identify)_____</p>	<p>What language do you want us to speak to you in? _____</p> <p>What language should we write to you in? _____</p> <p>How well do you speak English? (5 years old or older) <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all</p>
<p>Gender</p>	<p>Q15. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Q15. Gender <input type="checkbox"/> Boy <input type="checkbox"/> Girl</p>	<p>Section 1 Gender <input type="checkbox"/> Female <input type="checkbox"/> Male</p>	<p>What is your sex? a. Male b. Female</p>	
<p>Disability Status</p>	<p>Q23. Has a physical, medical or emotional disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Disability expected to last <input type="checkbox"/> 30 days or More <input type="checkbox"/> 12 months or More</p>	<p>Q39. Does any child or other person in the home have a physical, mental, emotional or developmental disability and want Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, who? _____ (If you answer Yes, we will contact you to see if you qualify.)</p>	<p>Section 6 For PCIP: Have you received a letter from a licensed doctor, physician assistant, or nurse practitioner within the past 12 months, stating the individual has or had a medical condition, disability or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, provide a copy of the provider letter.</p>	<p>1. Are you deaf or do you have serious difficulty hearing? a. Yes b. No</p> <p>2. Are you blind or do you have serious difficulty seeing even when wearing glasses? a. Yes b. No</p>	<p>If you have difficulty hearing spoken language or speaking, what translation assistance do you need for effective communication?</p> <p>If you have difficulty (even with glasses) seeing, reading, or understanding written language, what alternative format do you need for effective communication?</p>

				<p>3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years or older)</p> <p>a. Yes b. No</p> <p>4. Do you have serious difficulty walking or climbing stairs? (5 years or older)</p> <p>a. Yes b. No</p> <p>5. Do you have difficulty dressing or bathing? (5 years or older)</p> <p>a. Yes b. No</p> <p>6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years or older)</p> <p>a. Yes b. No</p>	<p>Do you have difficulty concentrating, remembering, or making decisions due to a physical, mental, emotional, or developmental condition?</p> <p>Does the person have difficulty hearing or seeing, difficulty performing the following functions at an age appropriate level: concentrating, remembering, making decisions, engaging in common social interactions and conversation, walking or climbing stairs, maintaining motor control or holding still, dressing or bathing, or doing errands alone.</p> <p>Impairment expected to last</p> <p><input type="checkbox"/> 30 days or More <input type="checkbox"/> 12 months or More</p>
Sexual Orientation				<p>Question being developed http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=209</p>	<p>Adopt the question in development by the federal Department of Health and Human Services (HHS) Data Council and the National Center for Health Statistics, for standardization of LGBT data collection.</p> <p>http://minorityhealth.hhs.gov/templates/content.aspx?lvl=2&lvlid=209&id=9004#A</p>

Gender Identity				Question being developed http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=209	Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman. Do you consider yourself to be transgender? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/not sure
Other Demographic Data	Q49. Place of birth State or country: _____	Q17. Birthplace County: _____ State: _____ Or foreign country: _____			

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