Ethnicity Data Protocols for the Health and Disability Sector

These ethnicity data protocols have been endorsed as a standard for the New Zealand health and disability sector by the Health Information Standards Organisation (HISO).

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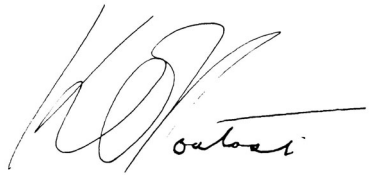
Foreword

Collecting high quality ethnicity data will ensure that the Government is able to track health trends by ethnicity and effectively monitor its performance to improve health outcomes and reduce health inequalities. It also provides Māori with quality information about their health status and enables Māori to participate in, and contribute to, strategies for Māori health improvement.

Improving the quality of ethnicity data collected requires a standardised process that is used by all collectors, recorders and users of ethnicity data. These protocols will assist people working in the health and disability sector to develop appropriate tools and training for people collecting ethnicity data. A standardised approach for all means we can rely on the accuracy of the data, consistently and over time, enabling better decision making on appropriate service provision.

The New Zealand Health Strategy highlights the need for better access to relevant information to improve decision making at both the health and disability sector level and at community level, enabling a greater role in decision making by communities. These protocols are designed to assist in meeting the Health Strategy requirements. He Korowai Oranga, the Māori Health Strategy has 'Improving Māori health information' as a key objective of Pathway Three, which focuses on effective health and disability services. Our Statement of Intent identifies the importance of the collection, analysis and communication of information to promote evidence-based decisions.

The development of the ethnicity data protocols is a significant step towards understanding the health care needs of all ethnicities through accurate information. I am pleased that the Health Information Standards Organisation has endorsed the protocols as a standard for the sector. I look forward to the results of improved data collection.



Karen Poutasi
Director-General of Health

Acknowledgements

The *Ethnicity Data Protocols for the Health and Disability Sector* describes procedures for the standardised collection, recording and output of ethnicity data for the New Zealand health and disability sector. The protocols have been developed with input from a wide range of sector and government organisations.

The Ministry acknowledges the substantial body of knowledge around ethnicity data collection developed and advanced by Te Rōpū Rangahau Hauora a Eru Pōmare. As well the protocols drew on sector research, training and educational initiatives aimed at improving the quality of ethnicity data. The contribution of all the organisations and Ministry of Health directorates who made submissions on the protocols is also acknowledged.

The Ministry of Health would like to thank the review panel for their valuable assistance in reviewing the protocols. Along with Ministry of Health officials the review panel included:

Tania Waitokia	Waitemata DHB, representative of Tumu Whakarae (DHB Māori Managers)
Helen Smith	Hutt Valley DHB, representative of DHB Quality Managers
Tim Boyd-Wilson	Accident Compensation Corporation
Deborah Potter	Statistics New Zealand
Donna Cormack	Te Rōpū Rangahau Hauora a Eru Pōmare

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Summary of Protocol Requirements

Protocol requirements for collection

1. The standard ethnicity question for the health and disability sector is the Statistics New Zealand 2001 Census ethnicity question (see Section 3.3). The format is to remain the same and the font size and dimensions must not be reduced.
2. Where a respondent may not be able to fill in a form or questionnaire themselves due to disability, incapacity, being deceased or being a newborn or child, the approach should be adjusted (see proxy response process in Section 3.4).
3. The respondent must identify their own ethnicity (called **self-identification**) regardless of collection method e.g. face-to-face contact, use of a form, electronic collection or telephone contact.
4. The collector must not guess ethnicity on behalf of the respondent, transfer the information from another form, or limit the number of ethnicities to be given.

Protocol requirements for recording

1. Ethnicity must be coded according to the classification structure contained in these protocols.
2. Ethnicity must be recorded at Level 2 (Figure 3), as the minimum level of specificity. (This may involve access to Level 4 descriptions and codes in order to aggregate up to the correct Level 2 code.) Residual codes may be grouped to '99 – not stated'.
3. The ethnicity codes or standard text descriptions contained in these protocols must be used to store ethnicity.
4. Any recording system used must be capable of recording three ethnicities. Where the respondent supplies multiple ethnicities, record up to a maximum of three.
5. The prioritisation process must be followed if more than three ethnicities are recorded (see Section 4.4).

Protocol requirements for output

1. One of the following three methods of output must be used: sole/combination, total response (overlapping) or prioritised.
2. The method used must be described or noted along with any analysis.
3. The same output method must be used for both numerator and denominator datasets.
4. Up to three ethnicities must be output to Ministry of Health National Systems. Where more than three ethnicities are available to be output, the prioritisation method described in the protocols must be used.

1 Background

1.1 About this document

The *Ethnicity Data Protocols for the Health and Disability Sector* describes procedures for the standardised collection, recording and output of ethnicity data for the New Zealand health and disability sector. The protocols have been developed with input from a wide range of sector and government organisations.

It is intended that the promotion of the protocols and their adoption by the health and disability sector will improve the accuracy and consistency of ethnicity data over time, and across the different collections of data and various uses of data analysis within the sector.

From this reference document, materials more suitable for front-line data collectors and/or data providers can be generated. Standardised training and educational materials are also being developed and will be provided through the New Zealand Health Information Service (NZHIS).

After an introductory background section, this document defines ethnicity. Thereafter it sets out protocols for each major step in the collection process, namely:

- collection
- recording, classification and storing
- output.

1.2 Applicability of the protocols

The individuals and groups in the health and disability sector to which this set of protocols applies are:

- collectors of ethnicity data, including health and disability administrators, clerks and health professionals
- users of ethnicity data, including all those who use health and disability ethnicity data for activities such as research, service planning or quality control, or for specific activities like deriving funding formulae
- health information software developers.

The data to which these protocols apply are ethnicity data collected from patients and/or clients, that is, those receiving health and disability services. They are also applicable when ethnicity data are collected from providers, for example for health workforce statistics.

The person giving their ethnicity is referred to as the **respondent**.

1.3 Treaty of Waitangi obligations

The Crown recognises the Treaty of Waitangi as the founding document of New Zealand, and is committed to fulfilling its obligations as a Treaty partner. The New Zealand Health Strategy similarly acknowledges this status of the Treaty, along with the Government's commitment to it (Minister of Health 2000).

To date, the relationship between Māori and the Crown in the health and disability sector has been based on three key principles.

1. **Partnership** means working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.
2. **Participation at all levels** means involving Māori at all levels of the sector in decision-making, planning, development and delivery of health and disability services.
3. **Protection and improvement of Māori health status** means working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices.

Providing quality ethnicity data will ensure that Government is able to track health trends by ethnicity and effectively monitor its performance to improve health outcomes and reduce health inequalities. It will also provide Māori with quality information about their health status.

1.4 Purposes for collecting ethnicity data

To date, inconsistent collection, recording and analysis practices in the health and disability sector have produced poor quality ethnicity data. Many Ministry of Health strategies and documents – including *From Strategy to Reality* (Wave Advisory Board 2001), He Korowai Oranga (Minister of Health and Associate Minister of Health 2002), *Reducing Inequalities in Health* (Ministry of Health 2002) and The Pacific Health and Disability Action Plan (Minister of Health 2002) – have identified improving the quality of ethnicity data as a priority.

Collecting good quality ethnicity data in the health and disability sector is important for the following reasons.

- Ethnicity data are part of a set of routinely collected administrative data used by health sector planners, funders and providers to design and deliver better policies, services and programmes. Better information will help improve every New Zealander's health by providing a sound basis for decision-making.
- In New Zealand, ethnic identity is recognised as an important dimension of health inequalities. The impact of those factors is particularly evident amongst Māori and Pacific peoples, whose health status is lower on average than that of other New Zealanders.
- The New Zealand Health Strategy highlights the need for better access to relevant information to improve decision-making by the health and disability sector and to give

communities a greater role in decision-making (Minister of Health 2000). Ethnicity data form a core information data set for communities.

- The health and disability sector has a role in providing quality ethnicity information that enables wider state-sector analysis of economic, social and cultural experiences of particular ethnic groups within the New Zealand population.

1.5 The basis for the ethnicity data protocols

These ethnicity data protocols are based on the *Ethnicity-Standard Classification 1996*, *Protocols for Official Statistics* and *Review of the Measurement of Ethnicity Draft Recommendations of Statistics New Zealand*. These protocols, however, provide further information that is relevant specifically in the health and disability sector.

Adaptations have been made to the classification to meet the needs of the health and disability sector. The classification system and code set included in this version of the protocols is the 1996 v3 system, which was used for the 2001 Census. The question used is the 2001 Census question.[1]

The requirements of the Health Information Privacy Code 1994 must be followed when collecting ethnicity data.

It is important that ethnicity data from the health and disability sector is collected in the same way as the data in the Census (collected by SNZ) because ethnicity statistics in health are frequently based on the census figures. For example, the rates of hospitalisation are calculated by comparing hospital and census datasets to determine proportions of a population. The ability to compare the data is known as **numerator and denominator consistency**. This consistency allows the comparison of ethnicity data collected in different health and disability service settings.

1.6 Data improvement philosophy

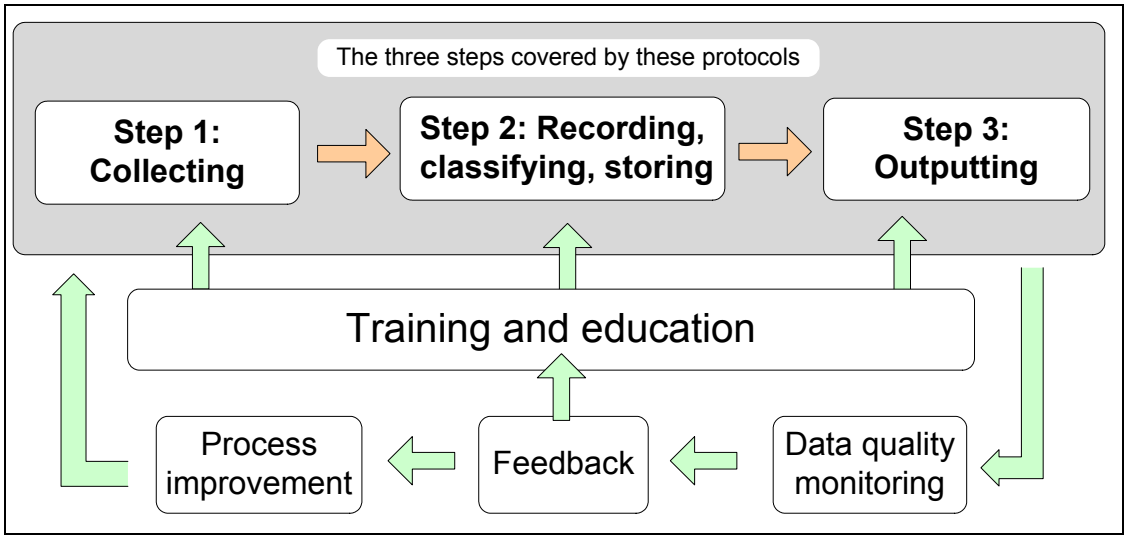
The goal behind improving ethnicity data is to ensure that when such data are used, they have the same relevance and meaning throughout the health and disability sector. Achieving this goal requires the implementation of a standardised process that is used by all collectors, recorders and users of ethnicity data.

Most importantly, each step of the process must be undertaken in a standardised manner and be informed by a continuous process of quality control involving feedback, review, education and training. This process is in agreement with the philosophy for improving data quality that is followed worldwide. These protocols have been developed to support this approach.

Figure 1 shows the processes involved in the collection of ethnicity data and the broader quality-improvement context.

[1] See the following websites for further information: New Zealand Health Information Service http://www.nzhis.govt.nz/ethnicity.html; and Statistics New Zealand http://www.stats.govt.nz.

Figure 1: Ethnicity data quality-improvement cycle



2 What is Ethnicity?

2.1 Introduction

In this section, ethnicity and some related concepts are explained.

2.2 Some key characteristics of ethnicity

- Ethnicity is self-perceived so the person concerned should identify their ethnic affiliation wherever feasible.
- A person can belong to more than one ethnic group.
- The ethnicities with which a person identifies can change over time.

2.3 Ethnicity defined

The concept of ethnicity adopted by Statistics New Zealand is a social construct of group affiliation and identity. The present statistical standard for ethnicity states that 'ethnicity is the ethnic group or groups that people identify with or feel they belong to. Thus, ethnicity is self-perceived and people can belong to more than one ethnic group'.

The definition of ethnicity used by Statistics New Zealand is:

> 'A social group whose members have one or more of the following four characteristics:
> - they share a sense of common origins
> - they claim a common and distinctive history and destiny
> - they possess one or more dimensions of collective cultural individuality
> - they feel a sense of unique collective solidarity.[2]'

A person may identify with some or all four of the above characteristics in one context and identify with a different mix of characteristics in another, resulting in a different choice of ethnic affiliation. Given this possibility, it would be extremely difficult for anybody other than the person concerned to choose which ethnic group they identify with in a particular circumstance. Therefore the person concerned should identify their ethnic affiliation wherever feasible.

The concept of ethnicity is complex and multidimensional. Not only can people belong to more than one ethnic group, they can and do change their ethnic affiliation, both over time and in different contexts.

[2] This definition was adopted in Department of Statistics (1988) and originated in Smith (1981).

Ethnic affiliation can also vary if:

- the wrong question is used
- the data collector guesses ethnicity rather than asks the person to identify it
- the person is allowed to identify only one ethnicity
- the order of the response categories is changed in the question
- the response categories that are supplied are incorrect.

These protocols have been developed to ensure procedures for the standardised collection, recording and output of ethnicity data are clear.

2.4 Concepts related to ethnicity

The following factors may contribute to or influence a person's ethnicity, while each is a concept that is distinct from ethnicity. Many of these factors themselves are interrelated.

- **Ancestry** comprises an individual's ancestors – the people from whom the individual is descended, the individual's forefathers, or the people who are regarded as the individual's forerunners (Schwarz 1991).
- **Culture** is, broadly speaking, a person's way of life. It may include music, literature, dance, sport, cuisine, style of clothing, values and beliefs, patterns of work, marriage customs, family life, religious ceremonies, and celebration days or events that have particular cultural significance (Giddens 1997).
- **Race** has been defined as 'the descendants of a common ancestor especially those who inherit a common set of characteristics; such a set of descendants, narrower than a species; a breed; ancestry; lineage, stock; a class or group, defined otherwise than by descent' (Schwarz 1991). Although members of a community often regard physical characteristics such as skin colour as significant in defining race, there are 'no clear-cut characteristics by means of which human beings can be allocated to different races' (Giddens 1997). The use of 'race' as a social construct has been discredited (Kukutai 2003).
- **Nationality** can be defined as membership of, or the fact or state of belonging to, a particular nation. A group or set of people has the character of a nation (Schwarz 1991).
- **Country of birth** is the country where a person is born, regardless of ethnic group. Both country and region of birth can contribute to ethnic affiliation.
- **Citizenship** is the status of being a citizen and having membership of a community, or having the rights and duties of a citizen (Schwarz 1991).

It is important to note that while any of the above factors can be important in influencing a person's ethnic affiliation, they do not necessarily determine a person's ethnicity.

3 Protocols for Collecting Ethnicity Data

3.1 Introduction

This section details the processes relating to the collection of ethnicity from a respondent. In most cases, 'asking' means giving the respondent a form to fill out although in some instances it may mean reading out the question, such as over the telephone.

Data collectors in the health and disability sector tend to be administrators, clerks and health professionals. Respondents tend to be patients, clients, and members of the health workforce when filling in human resource forms. Ethnicity data are also collected in most surveys along with other demographic information such as age and sex.

3.2 Protocol requirements for collection

1. The standard ethnicity question for the health and disability sector is the Statistics New Zealand 2001 Census ethnicity question (see Section 3.3). The format is to remain the same and the font size and dimensions must not be reduced.
2. Where a respondent may not be able to fill in a form or questionnaire themselves due to disability, incapacity, being deceased or being a newborn or child, the approach should be adjusted (see proxy response process in Section 3.4).
3. The respondent must identify their own ethnicity (called **self-identification**) regardless of collection method, for example, face-to-face contact, use of a form, electronic collection or telephone contact.
4. The collector must not guess ethnicity on behalf of the respondent, transfer the information from another form, or limit the number of ethnicities to be given.

3.3 The ethnicity question

The standard ethnicity question for the health and disability sector mirrors the Statistics New Zealand 2001 Census ethnicity question. To maintain consistency of responses and maintain the quality of data, the following requirements must be met.

- In a form it is preferable to use the actual graphic as shown in Figure 2.
- For consistency, categories must be listed in the order shown in Figure 2.
- The font size, format and dimensions are to remain the same as in Figure 2 where practical. In a few circumstances, it is appropriate to increase the size of the graphic, such as in presenting it on a laminated card to be given to respondents.

Figure 2: Standard ethnicity collection question

Source: SNZ, 2001 Census

3.4 Collection process

When collecting ethnicity, self-identification must be the process used to identify a respondent's ethnic group. It is unacceptable for the collector to guess any respondent's ethnicity or to complete the question on behalf of the respondent based on what they perceive to be the respondent's physical appearance.

Ethnicity data must not be transferred from another form as it may have been incorrectly collected on the other form using, for example, an incorrect question or process. This requirement maintains the principle of self-identification and removes the potential for inconsistent collection of ethnicity data through transfer from a previous record.

Whatever the situation the respondent must be allowed to self-identify ethnicity. The ethnicity question allows the respondent to identify as many ethnicities as they feel they identify with. The question has been rigorously tested by SNZ to establish the most effective wording, layout and font so it should not be changed. (See Section 1.4 for an explanation of why it is important to collect ethnicity data of good quality.)

The generic process outlined below describes the basic steps involved in collecting ethnicity in three different situations: self-completion of a form or questionnaire; response by telephone; and use of a proxy response when the respondent is unable to fill in a form.

Collection by self-completion (form/questionnaire)

Give or send the respondent the form or questionnaire, which contains the ethnicity question (Figure 2), to complete.

1. Advise the respondent (in person or by letter) that:

- additional information about ethnicity is available if required[3]
- where appropriate they can have access to an interpreter, if one is available.

2. Collect the form or questionnaire.
3. Check that the ethnicity question has been completed on the form or questionnaire.
4. If the question has not been filled in, then check that the respondent has not accidentally omitted it. If the respondent wishes not to state their ethnicity or ethnicities, then ask them to indicate this choice on the form or questionnaire.

Collection by telephone

If you are required to collect ethnicity data during a telephone call, then identify a standard place in the answering script where you will ask for it. (This place is most likely to be at the beginning or end of the call when other demographic information such as name, address, sex and age is collected.)
At the start of the call, you should explain why you are ringing and that you are also collecting data for administrative purposes. You should do the same if you are ringing only to ask the respondent's ethnicity.

When you get to the ethnicity question, follow these steps.

1. State that you would like to collect the respondent's ethnicity.
2. Explain that the respondent may choose more than one ethnicity. Read out clearly all the categories in the ethnicity question in the order they appear on the questionnaire or form.
3. Record all responses made.

Collection using a proxy response

In some circumstances, the respondent may be unable to complete the questionnaire independently. In this instance, it is desirable to collect ethnicity data using a proxy response. The method to follow in four different circumstances is described below.

Disability

Where the respondent has a disability that will hinder their ability to complete the ethnicity question, appropriate aid should be provided.

Incapacity

If the respondent is incapable of completing the ethnicity question, where possible the next of kin should answer the ethnicity question on behalf of respondent. If there is no one accompanying the respondent, undertake one of the two following alternatives.

- Locate the next of kin and ask them to provide a proxy response.

[3] See the following websites for further information: New Zealand Health Information Service http://www.nzhis.govt.nz/ethnicity.html; and Statistics New Zealand http://www.stats.govt.nz.

- Wait until the respondent is able to complete the ethnicity question.

Deceased

Where the respondent is deceased, the standard question should be presented to the next of kin to provide a proxy response regarding the respondent's ethnicity.

Newborns and children

Where the respondents are newborns or children, the parent(s) should always be given the opportunity to complete the ethnicity question. Systems should not, for example, default ethnicity to that of the mother. It is also useful to collect the ethnicity of both the mother and father of the child.

When children are capable of understanding the concept of ethnicity, they should be given the opportunity to complete the question themselves. The appropriate age for such understanding is a matter of judgement.

4 Protocols for Classifying, Recording and Storing Ethnicity Data

4.1 Introduction

This section details how ethnicity data are classified and recorded once they have been provided by a respondent. The recording process uses the classification structure to identify the appropriate codes at the level required and involves storing the identified codes.

In the health and disability sector, these data tend to be recorded by data entry staff, administrators, clerks, health professionals, interviewers and researchers.

4.2 Protocol requirements for recording

1. Ethnicity must be coded according to the classification structure contained in these protocols.
2. Ethnicity must be recorded at Level 2 (Figure 3), as the minimum level of specificity. (This may involve access to Level 4 descriptions and codes in order to aggregate up to the correct Level 2 code.) Residual codes may be grouped to '99 – not stated'.
3. The ethnicity codes or standard text descriptions contained in these protocols must be used to store ethnicity.
4. Any recording system used must be capable of recording three ethnicities. Where the respondent supplies multiple ethnicities, record up to a maximum of three.
5. The prioritisation process must be followed if more than three ethnicities are recorded (see Section 4.4).

4.3 Classification

Definition/purpose of classification

A classification structure assigns data reported or measured for a particular variable, such as ethnicity, into categories according to shared characteristics. It provides a framework for the consistent description and comparison of statistics.

Some important principles of classification are to use:

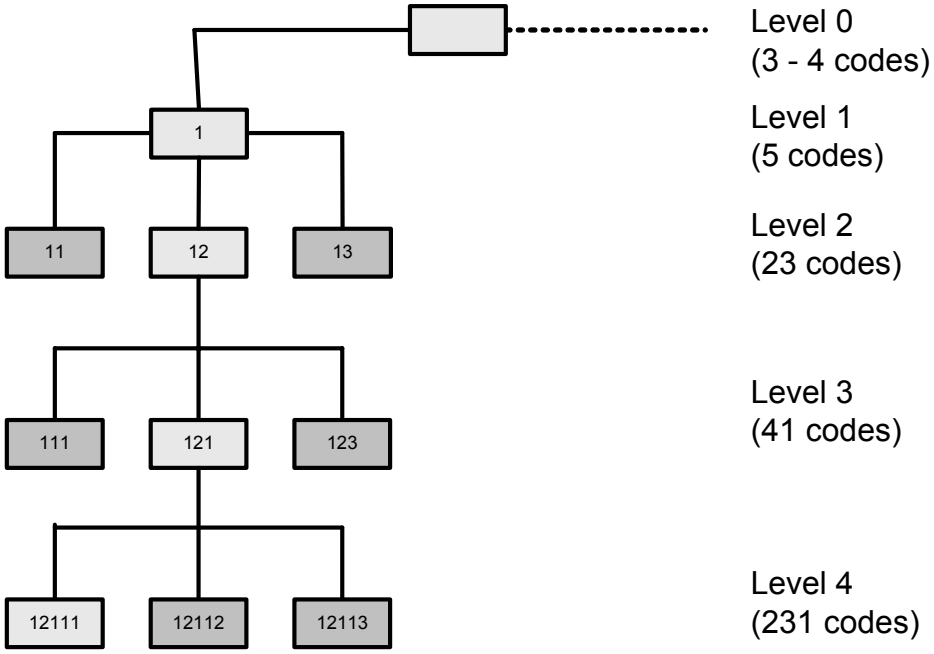
- mutually exclusive categories – that is, every response will fit into only one category in the classification
- a complete list of possible responses
- a framework to show how to classify responses.

A classification has a structured system and may contain rules for aggregating data. Where they relate to an evolving concept like ethnicity, classifications are usually

updated so that they reflect the contemporary situation as well as allowing comparisons over time.

Ethnicity classification levels

Figure 3: Ethnicity classification diagram level relationships (European example)



The Statistics New Zealand Ethnicity Classification is a hierarchical structure with four levels. As illustrated in Figure 3, the SNZ code system starts with a single digit at Level 1, then further digits are added with each move to a more detailed level, thereby increasing differentiation. Each more detailed level can be mapped up or aggregated to a higher level, as the following example illustrates.

- Level 4 (most detailed level) code 12111 is Celtic.
- Level 3 code 121 is British and Irish.
- Level 2 code 12 is Other European.
- Level 1 (least detailed level) code 1 is European.

Each level is described in more detail below.

Level 0

Level 0 is a 'super-aggregate' level with either:

- three codes, in which case it includes Māori, Pacific peoples and Other codes
- four codes, in which case it includes an Asian code as well.

The SNZ classification structure no longer contains a Level 0. However, this level is still used as an output category for many health and disability statistics.

Level 1

Level 1 is the top level of the SNZ numbering hierarchy. As indicated in Figure 3 above, all codes at the more detailed levels derive from the five Level 1 codes (see Table 1). Also refer to Appendix 1 for the code values.

Table 1: Level 1 codes

Code value	Description
1	European
2	Māori
3	Pacific Island
4	Asian
5	Other ethnic groups

Level 2

Level 2 is a two-digit grouping. It consists of 25 code values including four '9' series codes. Refer to Appendix 2 for the full table.

Level 3

Level 3 is a three-digit grouping and consists of 41 code values. Refer to Appendix 3 for the full table.

Level 4

Level 4 is a five-digit grouping and consists of 231 code values. Refer to Appendix 4 for the full table.

Ethnicity classification groupings

At the most detailed level of the classification structure (Level 4), larger groups are disaggregated or differentiated according to:

- geographic locality or origin (country, regions within a country, or island within a particular island group)
- cultural differences (which include distinctions such as language and religious belief)
- size.

Individual ethnic groups are classified into progressively broader groups according to geographic location or origin, cultural similarities, and size (in New Zealand). Many of the terms used for ethnic groups reflect geographic location or origin.

The size criterion helps to determine whether an ethnic group should be classified under an Other category at a particular level. Generally, the larger ethnic groups are disaggregated, while smaller ethnic groups fall into Other categories. Ethnic groups with very small numbers fall into Not Elsewhere Classified categories at Level 4.

The category of Māori stands alone at all levels of the classification. This is in recognition of Māori as the tangata whenua (original inhabitants) of New Zealand and New Zealand's unique position as the only country where there is a commitment to the status, preservation and continuity of Māori cultural traditions (including language).

At Levels 2, 3 and 4, certain Pacific Island groups are distinguished. This approach arose out of Recommendation 8 of the Ethnic Review Committee's report on ethnic statistics (Department of Statistics 1988). It reflects historical relationships with Pacific Island groups who represented a significant proportion of the migration flow into New Zealand. It also recognises the predicted increase in the proportion of the New Zealand population who are people of Pacific Island descent.

In the health and disability sector, Pacific peoples, like Māori, have poorer on average health status. Both ethnic populations are the focus for one of the Government's key goals to reduce inequalities.

Pacific Island is the term currently used in the SNZ classification to describe the broad grouping encompassing people who belong to ethnic groups such as Samoan, Cook Island Maori and Tongan, among others. The term now preferred by the Ministry of Pacific Island Affairs is **Pacific peoples** as it more accurately describes the people who make up the Pacific population in New Zealand: both those born in the different island nations, and those born in New Zealand and elsewhere.

Special classification codes

The special classification codes, a series beginning with 9, are called **residual categories**. Included in the Level 2 SNZ Ethnicity Standard Classification code table, are codes 96 (Repeated value), 97 (Response unidentifiable) and 98 (Response outside scope). During the development of these protocols, it was decided to keep with the current practice in the sector of grouping all 90 level responses to 99 – not stated. This means that the code set for Level 2, for the health and disability sector, will only required that 99 – not stated is used. This represents no change from the Level 2 code set used for national systems like the National Health Index which only accepts the residual code of '99'.

It is anticipated that the inclusion of further residual codes for data quality purposes will be revisited if the signalled SNZ code set changes, explained in section 6.2, are confirmed. The confirmation of the SNZ changes will mean that the health and disability sector will need to consider amending these protocols.

4.4 How to record ethnicity

Determining the right code

The two-step process of determining the appropriate code, as undertaken by recorders such as data entry operators, is as follows.

1. Match the response with the ethnicity description and note the associated code.

All of the ethnicities printed on the standard question have the same description at Levels 4, 3 and 2 so recorders can shortcut this step. Most recorders will quickly memorise the codes associated with these ethnicities, particularly for Level 2.

For those ethnicities that are not printed on the standard question – that is, for the ethnicities that a respondent gives under the line that reads: 'other (such as Dutch, Japanese, Tokelauan). Please state' – the response should be matched with the most detailed level of the classification structure (Level 4) and the associated code noted.

2. Record the code at the level required. Requirements will determine whether to use the first two digits of the code (Level 2), the first three digits (Level 3) or all of the digits (Level 4).

The same approach applies to ethnicity data that are being recorded on paper or electronically.

To record from the responses to the standard question that respondents have written, recorders must have available the full set of Level 4 ethnicity descriptions and their codes, either as paper copies or electronic copies.

In electronic systems the use of coding aids (for example, drop-down pick lists or searches from the first few letters of the ethnicity entered into a field) can speed up the coding process.

Number of responses and prioritisation

The minimum level for recording is at Level 2 but the responses can be stored at Level 3 or 4 if that level of specificity is of benefit to the data recorder or if one of these levels is a contractual requirement.

If a respondent gives more than three responses and only three responses can be recorded, a prioritisation system is used to determine which ethnic groups should be recorded (as described in Table 2). Priority recording was designed for situations where an input system can code only a limited number of responses. For this approach, when a respondent has given more than three responses, a minimum of three responses must be recorded.

It is noted that in the National Health Index database less than 0.5 percent of responses have three ethnicities recorded. In part this low proportion may reflect inconsistency in the collection and analysis of ethnicity data. However, the 2001 Census shows a similar response pattern for three or more ethnicities.

Prioritisation is possible only at Level 1 and Level 2 and above. For this reason, if ethnicities are to be stored at Level 3 or 4 then provision should be made to store up to six responses in line with SNZ draft recommendations for the Review of the Measurement of Ethnicity.

Table 2: Prioritisation for Level 2

Priority order	Ethnic group code (L2)	Ethnic group code description
1	21	Māori
2	35	Tokelauan
3	36	Fijian
4	34	Niuean
5	33	Tongan
6	32	Cook Island Maori
7	31	Samoan
8	37	Other Pacific Island
9	30	Pacific Island NFD*
10	41	South East Asian
11	43	Indian
12	42	Chinese
13	44	Other Asian
14	40	Asian NFD
15	52	Latin American / Hispanic
16	53	African
17	51	Middle Eastern
18	54	Other
19	12	Other European
20	10	European NFD
21	11	NZ European

Note: NFD = Not Further Defined (see 'Processes for responses not matching existing descriptions' below).

For example, if a data provider has indicated four ethnicities and these have been aggregated to Level 2 as 40 – Asian, 21 – Māori, 51 – Middle Eastern, and 11 – NZ European, the prioritised responses would be:

1. 21 – Māori
2. 40 – Asian
3. 51 – Middle Eastern
4. 11 – NZ European.

If only three responses are able to recorded, the 'NZ European' response is omitted.

Processes for responses not matching existing descriptions

If a response is not in the classification structure, a decision must be made as to which is the most appropriate category for the response to be coded to.

For example, when a respondent has entered 'New Zealander' or 'Kiwi' in the free text space on the question, SNZ has historically coded this response as 'NZ European'. This practice should be followed.

If an appropriate category for each non-standard response can be identified, and non-standard responses are coded in a consistent manner, data quality should not be adversely affected. As most sections of the classification contain **Not Elsewhere Classified** (NEC) categories, it should be possible to identify an appropriate code for most difficult responses.

For example, responses of specific ethnic groups that are not currently included in the classification should be coded to the appropriate NEC category. For example, Bosnian should be coded '12999 – European NEC' and aggregated up if required to Level 2 (code '12')

Where responses are vague, it may be possible to classify them to a **Not Further Defined** (NFD) category such as '12000 – Other European NFD' and aggregated up if required to Level 2 (code '12').

If organisations wish to use all of the Statistics NZ residual code values, a response that cannot be classified using either of the above two categories, it can be coded as either '97777 – Response unidentifiable' – 97 at level 2, or '98888 – Response not applicable' – 98 at Level 2.

However, if these codes are not being used, '99999 – not stated' – 99 at Level 2 should be used. (See 'Special classification codes' in Section 4.3). Further guidance on particular responses can be obtained from SNZ.

5 Protocols for Outputting Ethnicity Data

5.1 Introduction

Standard output provides government and researchers with comparable data about groups of interest for the development and evaluation of policy. This section covers the ways in which ethnicity data can be output for use in analysis, funding formulae, health outcome evaluations or service access profiles. There is no change to any of the recorded responses.

Data users tend to be researchers or analysts in primary health organisations, District Health Boards (DHBs), non-government organisations, the Ministry of Health or the Accident Compensation Corporation.

Sometimes ethnicity data are transferred from one system to another. For example, DHBs provide ethnicity data to national systems like the National Health Index. In most cases, this process is a simple transfer of recorded ethnicity. However, if ethnicity data are stored at a more detailed level than Level 2 or if more than three ethnicities at Level 2 are being stored, then the rules for classifying and recording must be followed.

5.2 Protocol requirements for output

1. One of the following three methods of output must be used: sole/combination, total response (overlapping) or prioritised.
2. The method used must be described or noted along with any analysis.
3. The same output method must be used for both numerator and denominator datasets.
4. Up to three ethnicities must be output to Ministry of Health National Systems. Where more than three ethnicities are available to be output, the prioritisation method described in the protocols must be used.

5.3 Methods of outputting ethnicity data

There are a number of ways that ethnicity data can be output for analysis purposes. The three standard forms of output are described below. These protocols require that one of these three forms should be used for output. They also require that the form of output used in any particular table, graph or written analysis is made clear to readers.

Sole/combination output

In the sole/combination form of output, there are sole ethnic categories for respondents who report only one ethnic group, and combination categories for respondents who give more than one ethnic group. Examples of combination categories are Samoan/Tongan, NZ European/Māori and Māori/Pacific.

Sole/combination output is the form of output currently recommended by SNZ. SNZ considers it to be the most flexible approach as both of the output forms described below can be derived from it. Moreover, this categorisation does not change the responses that people give and reflects the diversity of the population.

The standard single/combination minimum output will have nine groups: European, Māori, Pacific peoples, Asian, Other, Māori/ European, Māori/Pacific peoples, 'Two groups Not Elsewhere Identified' or the category titled 'Three groups'.

The following limitations apply to sole/combination output.

- This form of output is new and relatively untried. The combination categories will fail to include some combinations of ethnicities. The ethnic group likely to be affected to the greatest extent is Māori as they are the most likely to record multiple ethnicities, with the result that the Māori population could be misidentified.
- A table or any other means of presenting the data for the whole population can be quite large. For example, a graph, table or text would describe what is happening for nine ethnic population groups rather than the two to four ethnic groups currently analysed. Managing such data presentations can be problematic in practical terms.

Total response (overlapping) output

In total response output, each respondent is counted in each of the ethnic groups that they reported. Because individuals who indicate more than one ethnic group are counted more than once, the sum of the ethnic group populations will exceed the total population of New Zealand.

This form of output can be a useful option because it represents all those people who identify with any given ethnic group.

Conversely, the approach is seen as a problem in some situations in the health and disability sector. For example, it can create difficulties in the distribution of funding based on population numbers, or in monitoring changes in the ethnic composition of a population.

Prioritised output

In prioritised output, each respondent is allocated to a single ethnic group using the priority system (Māori, Pacific peoples, Asian, other groups except NZ European; and NZ European). The aim of prioritisation is to ensure that where some need exists to assign people to a single ethnic group, ethnic groups of policy importance, or of small size, are not swamped by the NZ European ethnic group.

This output type is the one most frequently used in Ministry of Health statistics and is also widely used in the health and disability sector for funding calculations, monitoring changes in the ethnic composition of service utilisation, and so on. Its advantage is that it produces data that are easy to work with as each individual appears only once so the sum of the ethnic group populations will add up to the total New Zealand population.

When ethnicity data is to be output to the Ministry of Health National Systems and more than three ethnicities are available to send, the prioritisation method described in the protocols must be used. This will ensure consistency within the national collections.

Limitations are that prioritised output:

- places people in specific (high priority because of policy importance) ethnic groups which simplifies yet biases the resulting statistics
- over-represents some groups at the expense of others – for example, Māori gain at the expense of Pacific peoples (approximately 31,542) and Pacific peoples gain at the expense of other groups (34,602) of which most are Pacific/European (30,018)
- goes against the principle of self-identification.

One of the main criteria stipulated in the definition of ethnicity is that a person can belong to more than one ethnic group. The ethnicity question caters for multiple responses. However, the question does not ask people to indicate the ethnic group with which they identify the most strongly; instead, prioritisation makes this choice for them. The question is to remain the same for the 2006 census so, to ensure numerator and denominator consistency (see Section 1.5), asking people to state the ethnicity with which they identify the 'most strongly' is not an option.

5.4 Clear definition of output method

The method used for output ethnicity analysis needs to be defined clearly for the user or reader. If different methods of analysing ethnicity at the output stage are used, then what method was used and how to interpret the results should be made explicit in each instance. Caveats and explanations should also be provided.

Below are some suggested examples to follow in two different contexts.

- Examples of how to include clear output information in titles:
  - *Male Life Expectancy (Prioritised Māori)*
  - *Ethnic Group (Single and Combination) and Sex by Work and Labour Force Status.*
- Examples of how to include clear output information in the source or as a note:

  For total response (overlapping) analysis:

  > The ethnic data in this table allow for up to three responses per person. Where a person reported more than one ethnic group, that individual has been counted in each applicable group. Totals therefore do not add up to 100 percent.

6 Change Control

6.1 Change processes

Standard version	Description
1.1	Revised after panel review 1 September 2003

The Ministry of Health will manage these protocols on behalf of the health and disability sector. It will retain the responsibility for leading any changes, such as those proposed by Statistics New Zealand (see Section 6.2), and for regular reviews of the protocols to ensure that they remain relevant to the sector's needs. The Ministry of Health will seek to use sector organisations like the Health Information Standards Organisation to endorse and promulgate these protocols.

When changes are required, the Ministry of Health will take a consultative approach with the health and disability sector to ensure that any changes are agreed and able to be implemented by the sector in a cost-effective manner.

All proposed changes to the protocols should be lodged with:

Chief Advisor
Health Information and Technology Section
Ministry of Health
PO Box 5013
Wellington

6.2 Possible changes by Statistics New Zealand

Statistics New Zealand (SNZ) has been reviewing the way that ethnicity data are collected, classified and output. In keeping with the principle of maintaining health and disability protocols that are compatible with SNZ, the possible changes being considered as part of this review are included in this version of the protocols so that readers are aware of potential areas of change.

Among the draft recommendations for change are to:

- retain the same question for the 2006 Census
- change the code sets to include the category of 'New Zealander' at all levels
- change the code sets to remove some NFD (Not further defined) categories and add more Asian categories
- remove prioritisation categories
- increase the number of fields from three to six to enable the storage of up to six ethnicities.

Given the general principle of maintaining compatibility with the SNZ statistical standard for ethnicity, changes such as those proposed above would impact the health and disability sector. As ethnicity data in the health and disability sector are collected in the context of health service delivery, changes to the classifications (code sets) and to the

number of ethnicity responses stored would require changes to most health information systems. Such changes would involve a cost and they would need to be co-ordinated to ensure ongoing data connectivity between systems.

The change control process outlined in Section 6.1 will be used to manage such changes where and when necessary.

Appendices

Appendix 1: Level 0 and Level 1 Codes

Level 0

Level 0 is a 'super-aggregate' level with either:

- three codes, in which case it includes Māori, Pacific peoples and Other codes
- four codes, in which case it includes an Asian code as well.

The SNZ classification structure no longer contains a Level 0. However, this level is still used as an output category for many health and disability statistics.

Level 1

Level 1 – alphabetical order	
Description	**Code**
Asian	4
European	1
Māori	2
Other ethnic groups	5
Pacific Island	3

Level 1 – code order	
Code	**Description**
1	European
2	Māori
3	Pacific Island
4	Asian
5	Other ethnic groups

Appendix 2: Level 2 Codes

Level 2 – alphabetical order	
Description	**Code**
African (or cultural group of African origin)	53
Asian NFD	40
Chinese	42
Cook Island Maori	32
European NFD	10
Fijian	36
Indian	43
Latin American / Hispanic	52
Māori	21
Middle Eastern	51
New Zealand European	11
Niuean	34
Not stated	99
Other	54
Other Asian	44
Other European	12
Other Pacific peoples	37
Pacific peoples NFD	30
Repeated value * not used	96
Response outside scope * not used	98
Response unidentifiable * not used	97
Samoan	31
Southeast Asian	41
Tokelauan	35
Tongan	33

Level 2 – code order	
Code	**Description**
10	European NFD
11	New Zealand European / Pākehā
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 * not used
97	Response unidentifiable * not used
98	Response outside scope * not used
99	Not stated

* These values may be used by organisations for data quality purposes but they are not part of the standard code set for the health and disability sector.

Appendix 3: Level 3 Codes

Level 3 – alphabetical order	
Description	**Code**
African (or cultural group of African origin)	531
Asian NFD	400
Australian	128
British and Irish	121
Chinese	421
Cook Island Maori	321
Dutch	122
European NFD	100
Fijian	361
Filipino	411
German	127
Greek (including Greek Cypriot)	123
Indian	431
Italian	126
Japanese	442
Khmer / Kampuchean / Cambodian	412
Korean	443
Latin American / Hispanic	521
Māori	211
Middle Eastern	511
New Zealand European	111
Niuean	341
Not stated	999
Other	541
Other Asian	444
Other European	129
Other European NFD	120
Other Pacific peoples	371
Other Southeast Asian	414
Pacific peoples NFD	300
Polish	124
Repeated value	966
Response outside scope	988
Response unidentifiable	977
Samoan	311
South Slav (formerly Yugoslav)	125
Southeast Asian NFD	410
Sri Lankan	441
Tokelauan	351
Tongan	331
Vietnamese	413

Level 3 – code order	
Code	**Description**
100	European NFD
111	New Zealand European
120	Other European NFD
121	British and Irish
122	Dutch
123	Greek (including 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 peoples
400	Asian NFD
410	Southeast Asian NFD
411	Filipino
412	Khmer / Kampuchean / Cambodian
413	Vietnamese
414	Other Southeast Asian
421	Chinese
431	Indian
441	Sri Lankan
442	Japanese
443	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

Appendix 4: Level 4 Codes

Level 4 – alphabetical order	
Description	**Code**
Admiralty Islander	37111
Afghani	44411
African American	53116
African NFD	53100
Aitutaki Islander	32111
Albanian	12911
Algerian	51111
American (US)	12943
Arab	51112
Argentinian	52111
Armenian	12912
Asian NFD	40000
Assyrian	51113
Atiu Islander	32112
Austral Islander	37113
Australian	12811
Australian Aboriginal	37112
Austrian	12913
Bangladeshi	44412
Belau / Palau Islander	37114
Belgian	12914
Bengali	43111
Bismark Archipelagoan	37115
Black	53111
Bolivian	52112
Bougainvillean	37116
Brazilian	52113
British NEC	12199
British NFD	12100
Bulgarian	12915
Burgher	12944
Burmese	41411
Byelorussian	12916
Canadian	12945
Caroline Islander	37117
Celtic	12111
Central American Indian	54111
Channel Islander	12112
Chilean	52114
Chinese NEC	42199
Chinese NFD	42100
Colombian	52115
Cook Island Maori NFD	32100
Cornish	12113
Corsican	12917

Level 4 – code order	
Code	**Description**
10000	European NFD
11111	New Zealand European
12000	Other European NFD
12100	British NFD
12111	Celtic
12112	Channel Islander
12113	Cornish
12114	English
12115	Gaelic
12116	Irish
12117	Manx
12118	Orkney Islander
12119	Scottish (Scots)
12120	Shetland Islander
12121	Welsh
12199	British NEC
12211	Dutch / Netherlands
12311	Greek (including Greek Cypriot)
12411	Polish
12500	South Slav (formerly Yugoslav groups) NFD
12511	Croat / Croatian
12512	Dalmatian
12513	Macedonian
12514	Serb / Serbian
12515	Slovene / Slovenian
12599	South Slav (formerly Yugoslav) NEC
12611	Italian
12711	German
12811	Australian
12911	Albanian
12912	Armenian
12913	Austrian
12914	Belgian
12915	Bulgarian
12916	Byelorussian
12917	Corsican
12918	Cypriot Unspecified
12919	Czech
12920	Danish
12921	Estonian
12922	Finnish
12923	Flemish
12924	French
12925	Greenlander
12926	Hungarian

Level 4 – alphabetical order	
Description	**Code**
Costa Rican	52116
Creole (Latin America)	52117
Creole (US)	53112
Croat / Croatian	12511
Cypriot Unspecified	12918
Czech	12919
Dalmatian	12512
Danish	12920
Dutch / Netherlands	12211
Easter Islander	37118
Ecuadorian	52118
Egyptian	51114
English	12114
Estonian	12921
European NEC	12999
European NFD	10000
Falkland Islander / Kelper	12946
Fijian (except Fiji Indian / Indo-Fijian)	36111
Fijian Indian / Indo-Fijian	43112
Filipino	41111
Finnish	12922
Flemish	12923
French	12924
Gaelic	12115
Gambier Islander	37119
German	12711
Greek (including Greek Cypriot)	12311
Greenlander	12925
Guadalcanalian	37120
Guam Islander / Chamorro	37121
Guatemalan	52119
Gujarati	43113
Guyanese	52120
Hawaiian	37122
Honduran	52121
Hong Kong Chinese	42111
Hungarian	12926
Icelander	12927
I-Kiribati / Gilbertese	37124
Indian NEC	43199
Indian NFD	43100
Indonesian (including Javanese / Sundanese / Sumatran)	41412
Inuit / Eskimo	54112
Iranian / Persian	51115
Iraqi	51116
Irish	12116
Israeli / Jewish / Hebrew	51117

Level 4 – code order	
Code	**Description**
12927	Icelander
12928	Latvian
12929	Lithuanian
12930	Maltese
12931	Norwegian
12932	Portuguese
12933	Romanian / Rumanian
12934	Romany / Gypsy
12935	Russian
12936	Sardinian
12937	Slavic / Slav
12938	Slovak
12939	Spanish
12940	Swedish
12941	Swiss
12942	Ukrainian
12943	American (US)
12944	Burgher
12945	Canadian
12946	Falkland Islander / Kelper
12947	New Caledonian
12948	South African
12999	European NEC
21111	Māori
30000	Pacific peoples NFD
31111	Samoan
32100	Cook Island Maori NFD
32111	Aitutaki Islander
32112	Atiu Islander
32113	Mangaia Islander
32114	Manihiki Islander
32115	Mauke Islander
32116	Mitiaro Islander
32117	Palmerston Islander
32118	Penrhyn Islander
32119	Pukapuka Islander
32120	Rakahanga Islander
32121	Rarotongan
33111	Tongan
34111	Niuean
35111	Tokelauan
36111	Fijian (except Fiji Indian / Indo-Fijian)
37100	Other Pacific peoples NFD
37111	Admiralty Islander
37112	Australian Aboriginal
37113	Austral Islander
37114	Belau / Palau Islander

Level 4 – alphabetical order	
Description	**Code**
Italian	12611
Jamaican	53113
Japanese	44211
Jordanian	51118
Kampuchean Chinese	42112
Kanaka / Kanak	37123
Kenyan	53114
Khmer / Kampuchean / Cambodian	41211
Korean	44311
Kurd	51119
Lao / Laotian	41413
Latin American / Hispanic NEC	52199
Latin American / Hispanic NFD	52100
Latvian	12928
Lebanese	51120
Libyan	51121
Lithuanian	12929
Macedonian	12513
Malaitian	37125
Malay / Malayan	41414
Malaysian Chinese	42113
Maltese	12930
Malvinian (Spanish-speaking Falkland Islander)	52122
Mangaia Islander	32113
Manihiki Islander	32114
Manus Islander	37126
Manx	12117
Māori	21111
Marianas Islander	37127
Marquesas Islander	37128
Marshall Islander	37129
Mauke Islander	32115
Mauritian	54113
Mexican	52123
Middle Eastern NEC	51199
Middle Eastern NFD	51100
Mitiaro Islander	32116
Moroccan	51122
Nauru Islander	37130
Nepalese	44413
New Britain Islander	37131
New Caledonian	12947
New Georgian	37132
New Irelander	37133
New Zealand European	11111
Nicaraguan	52124

Level 4 – code order	
Code	**Description**
37115	Bismark Archipelagoan
37116	Bougainvillean
37117	Caroline Islander
37118	Easter Islander
37119	Gambier Islander
37120	Guadalcanalian
37121	Guam Islander / Chamorro
37122	Hawaiian
37123	Kanaka / Kanak
37124	I-Kiribati / Gilbertese
37125	Malaitian
37126	Manus Islander
37127	Marianas Islander
37128	Marquesas Islander
37129	Marshall Islander
37130	Nauru Islander
37131	New Britain Islander
37132	New Georgian
37133	New Irelander
37134	Ocean Islander / Banaban
37135	Papuan / New Guinean / Irian Jayan
37136	Phoenix Islander
37137	Pitcairn Islander
37138	Rotuman / Rotuman Islander
37139	Santa Cruz Islander
37140	Society Islander (including Tahitian)
37141	Solomon Islander
37142	Torres Strait Islander / Thursday Islander
37143	Tuamotu Islander
37144	Tuvalu Islander / Ellice Islander
37145	Vanuatu Islander / New Hebridean
37146	Wake Islander
37147	Wallis Islander
37148	Yap Islander
37199	Other Pacific peoples NEC
40000	Asian NFD
41000	Southeast Asian NFD
41111	Filipino
41211	Khmer / Kampuchean / Cambodian
41311	Vietnamese
41411	Burmese
41412	Indonesian (including Javanese / Sundanese / Sumatran)
41413	Lao / Laotian
41414	Malay / Malayan
41415	Thai / Tai / Siamese
41499	Other Southeast Asian NEC

Level 4 – alphabetical order	
Description	**Code**
Nigerian	53115
Niuean	34111
North American Indian	54114
Norwegian	12931
Not stated	99999
Ocean Islander / Banaban	37134
Omani	51123
Orkney Islander	12118
Other African NEC	53199
Other Asian NEC	44499
Other European NFD	12000
Other NEC	54199
Other NFD	54100
Other Pacific peoples NEC	37199
Other Pacific peoples NFD	37100
Other Southeast Asian NEC	41499
Pacific peoples NFD	30000
Pakistani	44414
Palestinian	51124
Palmerston Islander	32117
Panamanian	52125
Papuan / New Guinean / Irian Jayan	37135
Paraguayan	52126
Penrhyn Islander	32118
Peruvian	52127
Phoenix Islander	37136
Pitcairn Islander	37137
Polish	12411
Portuguese	12932
Puerto Rican	52128
Pukapuka Islander	32119
Punjabi	43115
Rakahanga Islander	32120
Rarotongan	32121
Repeated value	96666
Response outside scope	98888
Response unidentifiable	97777
Romanian / Rumanian	12933
Romany / Gypsy	12934
Rotuman / Rotuman Islander	37138
Russian	12935
Samoan	31111
Santa Cruz Islander	37139
Sardinian	12936
Scottish (Scots)	12119
Serb / Serbian	12514
Seychelles Islander	54115
Shetland Islander	12120

Level 4 – code order	
Code	**Description**
42100	Chinese NFD
42111	Hong Kong Chinese
42112	Kampuchean Chinese
42113	Malaysian Chinese
42114	Singaporean Chinese
42115	Vietnamese Chinese
42116	Taiwanese Chinese
42199	Chinese NEC
43100	Indian NFD
43111	Bengali
43112	Fijian Indian / Indo-Fijian
43113	Gujarati
43114	Tamil
43115	Punjabi
43116	Sikh
43199	Indian NEC
44100	Sri Lankan NFD
44111	Sinhalese
44112	Sri Lankan Tamil
44199	Sri Lankan NEC
44211	Japanese
44311	Korean
44411	Afghani
44412	Bangladeshi
44413	Nepalese
44414	Pakistani
44415	Tibetan
44499	Other Asian NEC
51100	Middle Eastern NFD
51111	Algerian
51112	Arab
51113	Assyrian
51114	Egyptian
51115	Iranian / Persian
51116	Iraqi
51117	Israeli / Jewish / Hebrew
51118	Jordanian
51119	Kurd
51120	Lebanese
51121	Libyan
51122	Moroccan
51123	Omani
51124	Palestinian
51125	Syrian
51126	Tunisian
51127	Turkish (including Turkish Cypriot)
51128	Yemeni
51199	Middle Eastern NEC

Level 4 – alphabetical order	
Description	**Code**
Sikh	43116
Singaporean Chinese	42114
Sinhalese	44111
Slavic / Slav	12937
Slovak	12938
Slovene / Slovenian	12515
Society Islander (including Tahitian)	37140
Solomon Islander	37141
Somali	53119
South African	12948
South American Indian	54116
South Slav (formerly Yugoslav groups) NFD	12500
South Slav (formerly Yugoslav) NEC	12599
Southeast Asian NFD	41000
Spanish	12939
Sri Lankan NEC	44199
Sri Lankan NFD	44100
Sri Lankan Tamil	44112
Swedish	12940
Swiss	12941
Syrian	51125
Taiwanese Chinese	42116
Tamil	43114
Thai / Tai / Siamese	41415
Tibetan	44415
Tokelauan	35111
Tongan	33111
Torres Strait Islander / Thursday Islander	37142
Tuamotu Islander	37143
Tunisian	51126
Turkish (including Turkish Cypriot)	51127
Tuvalu Islander / Ellice Islander	37144
Ugandan	53117
Ukrainian	12942
Uruguayan	52129
Vanuatu Islander / New Hebridean	37145
Venezuelan	52130
Vietnamese	41311
Vietnamese Chinese	42115
Wake Islander	37146
Wallis Islander	37147
Welsh	12121
West Indian / Caribbean	53118
Yap Islander	37148
Yemeni	51128

Level 4 – code order	
Code	**Description**
52100	Latin American / Hispanic NFD
52111	Argentinian
52112	Bolivian
52113	Brazilian
52114	Chilean
52115	Colombian
52116	Costa Rican
52117	Creole (Latin America)
52118	Ecuadorian
52119	Guatemalan
52120	Guyanese
52121	Honduran
52122	Malvinian (Spanish-speaking Falkland Islander)
52123	Mexican
52124	Nicaraguan
52125	Panamanian
52126	Paraguayan
52127	Peruvian
52128	Puerto Rican
52129	Uruguayan
52130	Venezuelan
52199	Latin American / Hispanic NEC
53100	African NFD
53111	Black
53112	Creole (US)
53113	Jamaican
53114	Kenyan
53115	Nigerian
53116	African American
53117	Ugandan
53118	West Indian / Caribbean
53119	Somali
53199	Other African NEC
54100	Other NFD
54111	Central American Indian
54112	Inuit / Eskimo
54113	Mauritian
54114	North American Indian
54115	Seychelles Islander
54116	South American Indian
54199	Other NEC
96666	Repeated value
97777	Response unidentifiable
98888	Response outside scope
99999	Not stated

Glossary of Terms and Abbreviations

Collectors	Health and disability administrators, clerks and health professionals who collect ethnicity responses from respondents
DHB	District Health Board
NFD	Not further defined
NEC	Not elsewhere classified
NZHIS	New Zealand Health Information Service
Recorders	Data entry staff, administrators, clerks, health professional interviewers and researchers who use the classification structure to record ethnicity responses
Respondent	Person giving their ethnicity data – eg, a patient, client, member of the health workforce
SNZ	Statistics New Zealand
Users	All those who use health and disability ethnicity data for activities such as research, service planning or quality control, or for specific activities like deriving funding formulae

References

Department of Statistics. 1988. *Report of the Review Committee on Ethnic Statistics*. Wellington: Department of Statistics.

Giddens A. 1997. *Sociology* (3rd ed). Oxford: Polity Press and Blackwell.

Kukutai T. 2003. *The Dynamics of Ethnicity Reporting: Māori in New Zealand*. Wellington: Te Puni Kōkiri.

Minister of Health. 2000. *The New Zealand Health Strategy*. Wellington: Ministry of Health.

Minister of Health. 2002. *The Pacific Health and Disability Action Plan*. Wellington: Ministry of Health.

Minister of Health and Associate Minister of Health. 2002. *He Korowai Oranga: Māori Health Strategy*. Wellington: Ministry of Health.

Ministry of Health. 2002. *Reducing Inequalities in Health.* Wellington: Ministry of Health.

Schwarz C (ed). 1991. *Chambers Concise Dictionary.* Edinburgh: W&R Chambers.

Smith A. 1981. *The Ethnic Revival.* Cambridge: Cambridge University Press.

WAVE Advisory Board. 2001. *From Strategy to Reality: The Wave Project*. Wellington: WAVE Advisory Board to the Director-General of Health.