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Headquarters:
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Suite 850
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Main 415-954-9988
Fax 510-419-0263
www.apiahf.org

Washington D.C. Office:
1629 K Street N.W.
Suite 400
Washington, D.C. 20006
Main 202-466-7772
Fax 202-466-6444

*National Advocates for
Asian American,
Native Hawaiian &
Pacific Islander Health*

VIA ELECTRONIC SUBMISSION

October 28, 2016

Katherine K. Wallman, Chief Statistician
Office of Management and Budget
1800 G Street, 9th Floor
Washington, D.C. 20503

Dear Ms. Wallman:

The Asian & Pacific Islander American Health Forum (APIAHF) appreciates the opportunity to comment on the Office of Management and Budget’s (OMB) Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity. APIAHF is the nation’s leading health policy group working to advance the health and well-being of over 20 million Asian Americans (AAs) and Native Hawaiian and Pacific Islanders (NHPIs) across the U.S. and its territories. Because we work with many different Asian American and Native Hawaiian and Pacific Islander (AA and NHPI) communities and populations, we are acutely aware of the importance of these federal standards. Disaggregated data for our AA and NHPI populations beyond the minimum race and ethnicity categories are vital for federal departments and agencies to understand the needs of our diverse communities and to effectively meet their obligations to serve the American people. We and our community partners rely on the race and ethnicity data collected by federal departments and agencies in all the work that we do.

We commend OMB for recognizing that it is an appropriate time to review and update these standards to reflect the changes in the United States’ racial and ethnic populations in the last 20 years, as well as changes in data collection, analysis, and reporting methods, and evolving public policy needs. Our comments primarily concern the third area for which OMB is seeking comments regarding minimum reporting categories. We also comment on the proposals to combine the race and ethnicity questions, to create a new Middle Eastern and North African race group, to examine the terminology used for race and ethnicity classifications, and on OMB’s proposed process for reviewing the standards.

Description of the Intended Use of Minimum Reporting Categories

We strongly urge OMB to require all federal departments and agencies to collect, analyze, use, report, and disseminate disaggregated data on AA and NHPI populations, and “roll up” that disaggregated data to the minimum categories of “Asian” separately from “Native Hawaiian and Pacific Islander” when appropriate. It is critically important that disaggregated data for AA and NHPI populations is thoroughly collected and made more readily available. Greater

disaggregation is essential for federal departments and agencies to understand and effectively serve our diverse AA and NHPI communities. Disaggregated data also help state agencies, community-based organizations, and researchers better identify the needs facing different populations. Therefore, all federal departments and agencies should be required to collect, analyze, use, report, and disseminate data at more granular levels.

The White House Initiative on Asian Americans and Pacific Islanders (WHIAAPI) and the President's Advisory Commission on Asian Americans and Pacific Islanders (AAPIs) has found: "AAPIs experience disparities in certain preventable diseases, access to and utilization of health care services, and quality of care, yet the lack of disaggregated data means that medical schools, health providers, and policymakers are unaware of these realities."ⁱ In 2009, the Institute of Medicine recommended the collection and reporting of granular, disaggregated race and ethnicity categories to improve health care by identifying and addressing racial and ethnic disparities.ⁱⁱ As the report states, while the existence of data does not guarantee actions to address disparities, "the absence of data, however, essentially guarantees that none of those actions will occur."

Research has shown that disaggregated data on AA and NHPI populations have an important and meaningful impact on how programs and services are made available to specific AA and NHPI groups and in dispelling the "model minority" myth that all Asian Americans are well-educated, wealthy, and healthy.ⁱⁱⁱ For example:

- An analysis of U.S. Census and other available disaggregated data by the Asian American Center for Advancing Justice (now Asian Americans Advancing Justice) demonstrated differences in poverty, education, health insurance, and home ownership among AAPI groups^{iv}
- In education, research reveals that many Asian American groups have lower achievement levels than their White peers, which is not apparent at the aggregated group level;^v a Washington state analysis of disaggregated data found large differences in income and eligibility for free and reduced meals, discipline, absences, and college enrollment among AAPI groups^{vi}
- The Center for American Progress found a \$50,000 difference between the Asian American group with the highest average income and the group with the lowest^{vii}
- Our analysis of the National Health and Nutrition Examination Survey (NHANES) revealed that, overall, about 20% of Asian American children in the U.S. were overweight; however, when we examined data for disaggregated Asian American groups, we found that Filipinos (29%) and Southeast Asians (27%), including individuals of Indonesian, Malaysian, and Thai descent, had a significantly higher prevalence of overweight children (almost 30%)^{viii}
- A National Institutes of Health study found that, while overall cancer mortality for AA and NHPI men was lower than non-Hispanic White men, cancer mortality rates were higher for Samoan (293.9 per 100,000 persons) and Native Hawaiian men (263.7 per 100,000 persons) than for non-Hispanic White men (241.3 per 100,000 persons) and for all other Asian American groups^{ix}
- Breast cancer rates vary widely among women by Asian American group and immigration status; while Asian Americans as an aggregated group have among the lowest rates in the United States, one study found breast cancer rates higher among foreign-born Chinese women and Filipina women than White women^x

These examples demonstrate the need for disaggregated data to identify and meet the needs of our diverse AA and NHPI communities. Moreover, state agencies, as well as community-based organizations, also need disaggregated data to develop focused interventions and allocate resources appropriately to address the varying needs of AA and NHPI groups. For example:

- A community college in California used disaggregated data to improve its design of programs for the college's diverse AAPI populations.^{xi}

- A community-based organization, Asian Americans for Community Involvement in San Jose (AACI), learned through disaggregated data that Vietnamese American women were at the greatest risk for cervical cancer, but had the lowest cervical cancer screening rates among Asian American groups. AACI was then able to secure grant funding and collaborate with the University of California San Francisco to implement a culturally competent cervical cancer education program that increased cervical cancer screening among Vietnamese American women.

When OMB last updated these standards in 1997, it required that federal departments and agencies collect and report separate data on Asian from Native Hawaiians and Pacific Islanders, rather than as a combined group. In doing so, and in examining other questions about race, OMB made numerous references to changing demographics and the need for data on smaller groups, such as Native Hawaiians, that were facing different experiences than the aggregated Asian or Pacific Islander category revealed.^{xii} For example, OMB noted differences in educational outcomes, income, and poverty between the two groups, not unlike the research cited above. It also considered the statistical methodology challenges with collecting data on smaller groups, but decided that disaggregation was both feasible and justified. It is for these same reasons that the standards should now be to further require additional disaggregation of AA and NHPI data.

The collection, analyses, use, reporting, and dissemination of disaggregated race and ethnicity data has increased at the federal level.

Current fiscal year agency plans from the White House Initiative on Asian Americans and Pacific Islanders (WHA-API) demonstrate the trend in the federal government towards disaggregated data. The Department of Health and Human Services (HHS) 2016-2017 plan calls for improved access to programs for speakers of Asian languages and translation of consumer materials into those languages, with success benchmarks being measured by uptake of materials and services by individuals in those populations.^{xiii} Disaggregated data is required to track those benchmarks. The Department of Labor 2016-2017 agency plan includes goals for improved services and communications for disaggregated AA and NHPI groups.^{xiv}

OMB's 2012 Statistical Policy Working Paper on approaches to providing detailed information on AA and NHPI groups found that a variety of approaches are used throughout the federal government. These approaches demonstrate that it is common for federal departments and agencies to collect, analyze, use, report, and disseminate disaggregated AA and NHPI data in meaningful ways:

- Data from the Census 2010 Summary File 2 identify 47 Asian American and 43 Native Hawaiian and Pacific Islander groups. The Decennial census includes questions specifically for 6 Asian American groups and 4 Native Hawaiian and Pacific Islander groups
- The American Community Survey utilizes multi-year estimates to provide more detailed information about race and ethnic groups
- The Department of Labor uses the Current Population Survey to collect and releases annual information on labor trends for specific Asian American groups including Asian Indians, Chinese, Filipinos, Japanese, Koreans, and Vietnamese; it also uses multi-year estimates to provide more detailed information
- The National Health Interview Survey asks specifically about 6 Asian American groups and 3 Native Hawaiian and Pacific Islander groups; it utilizes oversampling and multi-year pooling techniques to report on smaller groups
- HHS requires data on 6 Asian American and 3 Native Hawaiian and Pacific Islander groups as part of the implementation of section 4302 of the Affordable Care Act (ACA); the implementation guidance for

the standards states that “While data alone will not reduce disparities, it can be foundational to our efforts to understand the causes, design effective responses, and evaluate our progress”^{xxv}

- The HHS Office of the National Coordinator 2015 certification requirements for health information technology requires that electronic health records have the capability to use the Centers for Disease Control and Prevention (CDC) Race and Ethnicity Code Set, which contains 921 detailed races and ethnicities^{xvi}

The collection, analyses, use, reporting, and dissemination of disaggregated race and ethnicity data is also increasingly common at the state level.

The federal government also has recognized and supported the need to collect disaggregated data at the state level. For example, the Department of Education has established grants to state education agencies to collect and analyze disaggregated data on English learner AAPI groups.^{xvii} The Department had previously issued a Request for Information on the use of disaggregated AA and NHPI student data in school planning and programming and received over 700 comments, overwhelmingly in support of data desegregation.^{xviii}

Strong standards that include disaggregated racial categories also are emerging at the state level. Oregon requires data collection and intake forms to include 9 Asian American and 3 Native Hawaiian and Pacific Islander groups. In addition, all covered programs must report biannually on progress, challenges and plans for addressing challenges in implementing the standards.^{xix} California recently passed a law strengthening its disaggregation requirements for the University of California, California State University, California Community Colleges, and Department of Managed Health Care, adding 8 Asian American and 2 Pacific Islander groups.^{xx} The Hawaii Department of Education reports on students and teachers using 7 Asian American and 7 Native Hawaiian and Pacific Islander groups.^{xxi} This year, the state of Washington’s Healthy Youth Survey started collecting disaggregated data on Asian American students, to reflect its diverse and growing population.^{xxii}

OMB can do more to work with agencies to strengthen collection, use, analyses, reporting, and dissemination of disaggregated data.

Even when disaggregated AA and NHPI data are collected, they often are not analyzed, used, reported, or disseminated, and therefore not useable by either the federal department or agency, or by the communities impacted. For example:

- The National Center for Education Statistics oversampled Asian and Pacific Islanders in the 2007 National Household Education Survey, but it did not report any disaggregated group responses, nor did it do so in the National Assessment of Educational Progress (NAEP); on the NAEP “Nations Report Card” website, student groups are not broken separately into Asian and Pacific Islander populations and Native Hawaiian is not mentioned^{xxiii}
- The National Center for Science and Engineering Statistics reported it did not use large enough sample sizes to report out disaggregated race data, though some surveys, such as the Survey of Doctorate Recipients, did ask about 10 Asian American and 4 Native Hawaiian and Pacific Islander groups^{xxiv}

We urge OMB to develop resources and identify best practices to support the efforts of federal departments and agencies to collect, analyze, use, report, and disseminate disaggregated data on AA and NHPI populations. While there is research and experience about surveying AA and NHPI populations, all federal departments and agencies may not be aware of all these methods and best practices.^{xxv} OMB should encourage departments and agency to adopt techniques such as designing oversamples of AA and NHPI populations and pooling multiple years of data for analyses and reporting. Rather than just acknowledge the

nature of the minimum standards, OMB should proactively encourage and support agencies in reporting and disseminating disaggregated data as frequently as possible, at least annually.

We also urge OMB to take a more active role in enforcing these standards. We note that some departments and agencies still have not fully complied with the 1997 standards and could benefit from more proactive monitoring and technical assistance from OMB to ensure the consistent application of the standards.

- The CDC’s 2013 Health Disparities and Inequalities Report aggregated American Indians, Alaska Natives, Asians and Pacific Islanders into a single group using data from the Census of Fatal Occupational Injuries^{xxvi}
- The CDC’s National Vital Statistics Report “Deaths: Final Data for 2013” aggregates Asians and Pacific Islanders into a single group^{xxvii}
- The Agency for Healthcare Research and Quality reported no data on Native Hawaiians and Pacific Islanders in the 2014 National Healthcare Quality and Disparities Report, and repeatedly left out data on Asian Americans in comparative charts^{xxviii}
- The Small Business Administration, in establishing disadvantaged groups for its section 8(a) Business Development Program, does not use the OMB minimum categories, but uses “Asian Pacific Americans” and “Subcontinent Asian Americans”
- The Bureau of Justice Statistics’s National Crime Victimization Survey asks whether respondents are “Asian/Native Hawaiian/Other Pacific Islander” rather than the two separate minimum categories;^{xxix} one resulting report, “Criminal Victimization, 2014,” combines AA and NHPI data into an “all other races” group

We encourage OMB to proactively work with all federal departments and agencies to ensure that race and ethnicity data is properly reported out in the minimum categories according to the standards.

We urge OMB to include requirements for departments and agencies to justify any exclusion of the minimum categories. Agencies should specifically state whether any data in the minimum categories is not reported because the data was not collected, or because the data was not analyzed, or because the data was analyzed but found to be not statistically significant.^{xxx} For example, if a survey’s sample size made it impossible to report out data on all the minimum categories, the agency should explicitly state that in reports and presentations. In the examples we note of reports that did not comply with the 1997 standards, many included no explanation for why the data was not reported out in the minimum categories.

In summary, we make the following recommendations in regards to the minimum use categories. OMB should:

- **Require all federal departments and agencies, when collecting, analyzing, using, reporting, and disseminating data on race or ethnicity, to collect, analyze, use, report, and disseminate disaggregated race and ethnicity data for AA and NHPI groups**
- **Develop resources and best practices for departments and agencies to use in collecting, analyzing, using, reporting, and disseminating disaggregated data**
- **Work with agencies and departments to enforce compliance with the standards**
- **Require agencies too publically justify any exclusion of the minimum categories**

Use of Separate Questions versus a Combined Question to Measure Race and Ethnicity and Question Phrasing

The Census Bureau has conducted a content test for how to improve the phrasing of questions about race and ethnicity. Asian Americans and Native Hawaiians and Pacific Islanders self-identified more often when they were posed a question that presented combined race and ethnicity.^{xxxii} While we are not currently recommending whether or not the race and ethnicity questions should be combined, **we urge OMB to ensure that the final recommended question format be structured in a way that encourages and increases the rates of AA and NHPI participation and self-identification.**

For example, the question should not remove check boxes for specific AA and NHPI groups, as doing so in the test decreased response rates among reporting by Asian Americans. The 2010 Census Race and Hispanic Origin Alternative Questionnaire Experiment also identified potential question design and placement scenarios in which AA and NHPI participation dropped.^{xxxiii} **OMB should advise agencies to avoid such question design, and agencies should ensure that consumer testing of any questions includes specific feedback from AA and NHPI groups.**

The 2010 Census Race and Hispanic Origin Alternative Questionnaire Experiment also experimented with including different examples for “Other Asian” and “Other Pacific Islander” next to those check boxes. Rather than replacing the current examples with other groups, we support including as many examples, including a geographically balanced selection, as is feasible in the space next to the “other” categories. We believe that newly included groups will be more likely to self-identify if their groups are listed.

Classification of a Middle Eastern and North African Group and Distinct Reporting Category

We echo the comments of the National Network for Arab American Communities in favor of establishing a new distinct Middle Eastern and North African (MENA) group and reporting category. Currently, people from this population must select one of the current five race categories, regardless of their how they self-identify. The MENA population has a distinguishable community and background that warrants identification in federal surveys. Current standards do not allow federal agencies to identify the unique issues faced by this population and adequately serve them. Creating this category would allow agencies, as well as community-based organizations, to identify instances of discrimination, better address hate crimes, and prioritize health and social services programs. **Therefore, we urge OMB to establish the new MENA category in revising the standards.**

Salience of Terminology Used for Race and Ethnicity Classifications

We strongly urge OMB to change the terminology for Native Hawaiian and Pacific Islander populations. We strongly urge changing the terminology in the standards to “Native Hawaiian and Pacific Islanders” rather than the current “Native Hawaiian and Other Pacific Islander.” We developed this position with the Native Hawaiian & Pacific Islander Alliance.^{xxxiii}

We support the proposal to end the use of a “principal minority race” as a designation in the standards. Combined, AA and NHPIs are the “majority” populations in the state of Hawaii. Communities of color are the majority populations in the state of California. Demographics have significantly changed over the past twenty years. Asian Americans are the fastest growing race group in the United States, with 43% growth between the 2000 and 2010 Censuses.^{xxxiv} The difference in changes over time among Asian American groups illustrates both the need for disaggregated data and the need for reconsideration of terminology. For example, between the two censuses the Bhutanese American population experienced a nearly 1000% increase while the Japanese

American population decreased. The NHPI population also grew rapidly between 2000 and 2010, at 35%, more than three times faster than the U.S. population as a whole.^{xxxv}

General Principles for the Review of the Racial and Ethnic Categories

We support the principles as presented in OMB's request for comment, particularly the respect for individual dignity and reliance on self-identification whenever possible.

OMB's Review Process for Changes to the Standards

We express concern about the speed at which OMB has proposed to change and finalize these standards. These standards have enormous consequences for the communities we work with, and time for careful and thoughtful consideration would allow time for more constructive feedback for OMB. OMB started collecting public comment and feedback in 1993 about the changes that were made in the 1997 standards. As documented by the Government Accountability Office, this lengthy public engagement was needed because of the confusion about the race and ethnicity categories used in the 1990 census and the lack of outreach to community groups.^{xxxvi} We urge OMB to allow a greater period of time for public consideration and input.

Moreover, we appreciate that OMB has convened internal working groups with representatives from federal departments and agencies to consider these questions. However, since the deliberations of these working groups are not public, impacted communities have not been able to contribute to their discussions. **We urge OMB to specifically solicit and make available for public comment the input and recommendations from federal departments and agencies that have experience with the potential changes to the standards being considered,** including the Census Bureau with its National Content Testing surveys and HHS with its implementation of its ACA section 4302 standards.

Once finalized, we urge OMB to work closely with agencies to start implementing changes to the standards as quickly as possible. Some agencies took years to adopt the 1997 standards, well beyond the 2003 effective date. For example, the Office of Personnel Management did not report data on Native Hawaiian and Pacific Islander populations in the federal workforce until 2013.^{xxxvii} **OMB should require agencies to establish work plans for implementing any changes to the standards and establish a process for correcting deficiencies.**

We also urge OMB to continue to review these standards on a regular basis in future years. As demographics continue to evolve, it is important to provide more frequent opportunities to evaluate and improve data collection standards. For example, it would be appropriate to review these standards ahead of each decennial census. OMB should continue to issue statistical working papers examining statistical trends and agency actions in the areas covered by the standards, as well as convening workgroups, which should be institutionalized, that would allow agency resource sharing.

Thank you again for the opportunity to provide comments on the proposed changes to the standards. Please direct any questions about our comments to Ben D'Avanzo, Policy Analyst, at bdavanzo@apiahf.org.

Sincerely,



Kathy Ko Chin
President & Chief Executive Officer

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