

April 12, 2023

U.S. Office of Management and Budget Interagency Technical Working Group on Race and Ethnicity Standards Attn: Bob Sivinski, Chair 1650 17th St. NW Washington, DC 20500 Statistical Directives@omb.eop.gov

Dear Committee Members,

The Center for Science in the Public Interest (CSPI) greatly appreciates the opportunity to provide comments on the initial proposal from the Federal Interagency Technical Working Group on Race and Ethnicity Standards (Working Group) to update the U.S. Office of Management and Budget's (OMB) 1997 Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity (SPD 15). Since 1997, much has changed about the diversity of our nation, and, as such, there is a need for more refined data collection practices regarding race and/or ethnicity.

CSPI is a non-profit consumer education and advocacy organization that has worked since 1971 to improve the public's health through better nutrition and safer food. Central to our education and advocacy is science that is informed by data collection standards that align with the current federal guidelines. However, while a step forward in many respects, the current proposals are not sufficient to capture the nuanced needs and opportunities that exist to better serve priority populations. CSPI provides recommendations that will support more granularity and meaningful categorization for race and/or ethnicity data.

Initial Proposal Reaction

We strongly support the requirement for collection of detailed racial categories, and the expansion of the existing minimum categories Minimum categories reflect baseline standards for collecting and presenting data on race and ethnicity for all Federal reporting. ⁱ The minimum categories dictate which groups must be included on surveys and other instruments used to collect racial data at the Federal level. Collecting detailed data on the diversity of the population is critical to evaluating the full picture of residents of the United States and approaches that may improve the well-being of the nation. Without understanding who comprises our population, we cannot design programs, policies, or interventions that are properly scaled and fitted. In the example design included in figure 2, the collection of country of origin would help to better group populations based on shared cultural and ancestral norms. While it may not be feasible to achieve full granularity in country of origin, utilizing open-ended responses would reduce the risk of erasure. Even if the more granular data does not appear in publications for practical reasons, it is appropriate for agencies to collect this data.

We agree with the proposal to combine race and ethnicity into a single category. At present, people who identify as Hispanic or Latino ethnically (and those who don't) are then asked to select one of the following racial categories: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. The findings from a recent Census Bureau report indicate that 43.6% of those identifying themselves as Hispanic or Latino did not respond to the subsequent race question or reported being "Some Other Race." Additionally, there has been a decrease in members of the Latine population identifying as only one race. Currently over a third of Latines report two or more races; this is an increase from 2.6 million in 2010 to 18.6 million people in 2020. As such, it is possible that people with the Hispanic or Latino ethnic identity may not identify solely with any of the racial categories, which may be leading them to select Some Other Race (SOR) or leave this section blank. We therefore agree with the proposal to remove Hispanic as an ethnicity and instead categorize it as a racial group (not a racial/ethnic group as proposed) along with the other racial categories.

We are excited that individuals will continue to have the opportunity to select multiple racial identities given this population has grown substantially since 2010; the 2020 Census reflected a 276% increase in people who identified as multiracial over the previous decade. We however, if a combined race and ethnicity question is implemented, we recommend utilizing the term multiracial when reporting out the data for those who check more than one box. Given that OMB has previously only recognized one ethnicity and we are recommending a nomenclature change for all the groups to be racial categories, multiracial seems like the logical choice.

The population from the Middle Eastern or North African (MENA) region doubled over the previous two decades from 596,000 in 2000 to over 1.2 million in 2019. Given this rapid growth, we agree that the addition of MENA as a new minimum racial category is appropriate, especially because respondents will be able to select more than two racial categories. This will allow the MENA population to encompass North Africans who may also identify as Black, particularly those in the Southern region of North Africa.

Removing certain terms from the expanded description of the minimum categories is essential to using less harmful and polarizing phrasing to categorize people. As such, we support the removal of *Negro* from the Black or African American definition, *Far East* from the Asian definition (and support replacing it with East Asian), *Other* from "Native Hawaiian and Other Pacific Islander," and the error of Cuban being listed twice in the current minimum category definition for Hispanic or Latino. We also support the discontinuation of the terms *majority* and *minority* because these characteristics can change over time.

However, we do not support the removal of the phrase "who maintain tribal affiliation or community attachment" in the American Indian or Alaska Native definition. While we understand the intent is to make the minimum category's definition consistent with the other minimum categories, this change does not capture the complexity of American Indian identity. Membership in a recognized Indigenous community is central to their identity, as DNA testing is widely discredited as an appropriate marker of group membership. 'Implicitly undermining this population's ability to define what community means to them is not consistent with attempts at reconciliation and downplays the bonds that connect members of this group to each other. For this reason, we also do not recommend including individuals who identify as any of the original peoples of North, Central, and South America with the American Indian or Alaska Native

minimum category unless this is endorsed by Indigenous people in the United States, and they maintain tribal affiliation or community attachment. We recommend consulting broadly with various members of the Indigenous community who maintain tribal affiliation before moving this recommendation forward. These consultations may lead to even more granularity in data collection practices for this group, including the option to report multiple tribal affiliations where applicable.

Major Themes from Initial Public Listening Sessions

In addition to reviewing the initial proposal from the working group, we have considered the major themes from the listening sessions described in the request for commentary. One consistent theme was that more finely grained data collection is necessary to better understand the pervasiveness of systemic inequities, health disparities, and other variations that may exist within the larger groupings that currently exist. A deeper understanding of within-group differences is needed to better inform health equity-advancing approaches, racial justice-informed resource allocation, and more tailored interventions.

As advocated for by respondents in the listening sessions, we support the feedback calling for greater granularity in the Black or African American minimum reporting category. While Black is an appropriate racial category to capture people of African descent across the diaspora, it is not sufficient to capture descendants of chattel slavery in the United States as a distinct group. Those who descend from people who were enslaved beginning in 1619 are burdened by an increased risk of poorer health outcomes when compared to African immigrants, irrespective of sex. VII Failing to delineate these distinctions may overstate our country's progress in addressing the harm and longstanding impact of intergenerational trauma that is plaguing a particular subgroup within the Black population.

Specifically, as data collection practices relate to Asian Americans, there are stark within-group differences that are being masked by the current minimum reporting category. The Asian American population represents more than 40 different ethnic groups, and, when disaggregated, there are major wealth, educational, and health gaps by region and country of origin. Viii In the case of COVID-19, the seemingly low rates of infection in the larger Asian American community masked the impact of the disease on different subgroups. For example, a New York City examination discovered that South Asian patients had the highest rates of cases and hospitalization among the Asian American population, but Chinese Americans had the highest mortality rate of all racial and ethnic groups assessed. Ix Particularly in states with larger Asian American populations like California and Texas, the current data collection standards would not support public health efforts to identify health disparities within this population in order that interventions could be appropriately designed. However, we do not agree with the term *Asian Indian* that is presented in figure 2 as a proposed example of self-response data collection. India is a country that is in Asia, and as such, there is no need to qualify that.

CSPI's Additional Recommendations

Outside of the Working Group's initial proposal and major themes from the listening sessions, we have a few additional recommendations to update the current data collection standards around race and ethnicity:

- We recommend a nomenclature update for the Native American/American Indian racial category to Indigenous or Native. American Indian is a misnomer coined by colonizers who mistakenly thought they landed elsewhere, and Native American is becoming increasingly polarizing given Native people existed on this land long before it was established as the United States of America.
- We recommend discontinuing the use of the term *Hispanic* in favor of Latina/Latine/Latino because grouping people according to language alone does not necessarily reflect cultural factors of region, shared physical or social qualities, etc. Furthermore, there are more languages that are spoken in Latin America than just Spanish. For example, Brazil is the largest country in Latin America, and its official language is Portuguese. French is the official language in Guiana, and Dutch is the official language in Suriname.
- We recommend capturing the country of origin for racial groups where/when possible, to allow for a more granular analysis of within-group differences.

In conclusion, CSPI appreciates the opportunity to submit comments in response to the initial proposal from the Working Group to update the OMB's standards for maintaining, collecting, and presenting federal data on race and ethnicity. As a science-based advocacy organization that relies on this type of information to inform our work, we look forward to more granular standards that will allow us to more precisely advance a more equitable and just food system through our efforts. Please contact Ashley Hickson at ahickson@cspinet.org with any questions or requests for additional information. Thank you for your time and consideration.

Sincerely,

Ashley Hickson, DrPH, MPH Senior Health Equity Advisor

Peter Lurie, MD, MPH Executive Director and President

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ⁱ Office of Management and Budget (OMB) Standards | Office of Research on Women's Health. (n.d.). Retrieved April 12, 2023, from https://orwh.od.nih.gov/toolkit/other-relevant-federal-policies/OMB-standards

- vii Turkson-Ocran, R.-A. N., Nmezi, N. A., Botchway, M. O., Szanton, S. L., Golden, S. H., Cooper, L. A., & Commodore-Mensah, Y. (2020). Comparison of cardiovascular disease risk factors among African immigrants and African Americans: an analysis of the 2010 to 2016 national health interview surveys. *Journal of the American Heart Association*, *9*(5), e013220. https://doi.org/10.1161/JAHA.119.013220
- viii Disaggregation is essential to achieve data justice for Asian Americans. (n.d.). Retrieved April 3, 2023, from https://prismreports.org/2022/05/02/disaggregation-data-justice-asian-americans/
- ix Kalyanaraman Marcello, R., Dolle, J., Tariq, A., Kaur, S., Wong, L., Curcio, J., Thachil, R., Yi, S. S., & Islam, N. (2021). Disaggregating Asian Race Reveals COVID-19 Disparities Among Asian American Patients at New York City's Public Hospital System. *Public Health Reports* (Washington, D.C.: 1974), 333549211061313. https://doi.org/10.1177/00333549211061313

ii Self-Reported Hispanic Population by Race: 2010 and 2020 Census. (n.d.). Retrieved April 11, 2023, from https://www.census.gov/data/tables/time-series/demo/hispanic-origin/racial-identification.html

iii Self-Reported Hispanic Population by Race: 2010 and 2020 Census. (n.d.). Retrieved April 11, 2023, from https://www.census.gov/data/tables/time-series/demo/hispanic-origin/racial-identification.html

iv Improved Race, Ethnicity Measures Show U.S. is More Multiracial. (n.d.). Retrieved April 12, 2023, from https://www.census.gov/library/stories/2021/08/improved-race-ethnicity-measures-reveal-united-states-population-much-more-multiracial.html

^v Article: Middle Eastern and North African Immigrants | migrationpolicy.org. (n.d.). Retrieved April 11, 2023, from https://www.migrationpolicy.org/article/middle-eastern-and-north-african-immigrants-united-states

vi Native American Identity, Complex and Authentic | THIRTEEN - New York Public Media. (n.d.). Retrieved March 14, 2023, from https://www.thirteen.org/blog-post/native-american-identity-ben-geboe/