

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

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Submitted via e-mail: Race-Ethnicity@omb.eop.gov

Re: Proposals from the Federal Interagency Working Group for Revision of the Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity (82 FR 12242)

Justice in Aging appreciates the opportunity to comment on the above-referenced proposals concerning standards ("Standards") for data collection on race and ethnicity.

Justice in Aging is an advocacy organization with the mission of improving the lives of low income older adults. Justice in Aging uses the power of law to fight senior poverty by securing access to affordable health care, economic security and the courts for older adults with limited resources.

We commend OMB for recognizing that continued racial and ethnic change in the United States requires an evolution in the statistical policy governing how to measure the composition of our population. We support OMB's efforts to ensure that data collection be designed both to reflect the changes in population characteristics and to incorporate research on effective data collection practices.

Issues for Comment in the Federal Register Notice

Global Issue: Cost of Revising the Standards

We recognize that data collection as well as any changes in data collection protocols involve some cost. Those costs, however, should be weighed against the value of the better and more useful data that will become available with the changes. More focused data is particularly needed to address disparities in health care, a problem we see in our advocacy of low income older adults.

Despite significant efforts by the Department of Health and Human Services as well as many public and private organizations concerned with the financial and societal costs of health disparities, these disparities stubbornly persist.¹ More accurately and more precise reports on population groups will allow for more targeted and cost-effective interventions, not just at the federal level, but by state Medicaid and public health agencies, and by private sector health providers and insurers.

¹ See, e.g., Kaiser Family Found., *Beyond Health Care, The Role of Social Determinants in Health Care* (Nov. 2015).

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The changes proposed by OMB have the potential to impact the many programs to serve older adults. According to the American Community Survey, in 2006, nearly 14 percent of Americans who were 65 and over spoke a language other than English at home and over 5 percent had limited proficiency in English.² More than 3.3 million of America's seniors are limited-English proficient. As the American population becomes more diverse, those numbers are expected to grow, meaning more Medicare beneficiaries will need services that are culturally and linguistically appropriate. Further, as our collective understanding of the impact of the social determinants of health grows detailed knowledge of where and how population groups and subgroups live, drawing on the best data, holds the potential to bring genuine progress in effectively addressing the health needs of all senior population groups seniors and their communities.³

The updated information collection proposed by OMB will help in the design and delivery of services to these vulnerable and often isolated populations. The information will also give researchers important tools to assess whether interventions are effective and are reaching the right people. The potential savings in efficiency and effectiveness of services, not to mention in the quality of life for older adults, should be weighed when considering costs.

A. Questionnaire Format and Nonresponse: Combined Question to Collect Race and Ethnicity Data

We appreciate the 2015 study undertaken to determine the response impact of a combined race and ethnicity question and, based on the positive results of that research, we support the approach of using a combined question format.

We caution, however, that use of a combined question should not imply that there are no distinctions between race and ethnicity. The data collection instruments should make clear that respondents might identify with and select more than one category when reporting their race and/or ethnicity. We also believe that federal agencies should use consistent methods of data collection to the fullest extent possible.

B. A Distinct Middle Eastern and North African Classification

We favor 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 better identify and address the needs of this population and prioritize health and social services programs.

² For a discussion of the American Community Survey numbers and the needs of Limited English proficient older adults, see, e.g., AARP Public Policy Inst., *Improving Access to Care Among Medicare Beneficiaries with Limited English Proficiency: Can Medicare Do More?*, available at http://assets.aarp.org/rgcenter/health/i6_medicare.pdf.

³ See *Beyond Health Care*, *supra*, note 1. See also Ctrs for Disease Control and Prevention, *Social Determinants of Health: Know What Affects Health*, available at www.cdc.gov/socialdeterminants/.

C. Additional Minimum Race and Ethnicity Reporting Categories

We strongly urge OMB to require all federal departments and agencies to collect, analyze, use, report, and disseminate disaggregated data whenever possible. As advocates for low income older adults we see that people of different origins (or subgroups) often have vastly different experiences and outcomes, particularly health outcomes. Addressing the unique health needs of groups and subgroups and addressing the social determinants of health is critical if we are to improve outcomes.

It is critically important that disaggregated data is thoroughly collected and made more readily available. Disaggregated data help federal agencies, state agencies, community-based organizations, and researchers better identify the needs facing different populations.

One practical example of the value of granular data to community-based organizations that is specifically focused on older adults is the “Limited English Proficiency Visualization”⁴ developed by the National Council on Aging to help organizations (many of which receive federal funds) to tailor their materials and messages to the needs of the aging population in their service areas. The visualization is an interactive map showing, per county, the number of low income limited-English proficient Medicare beneficiaries with a breakdown of the numbers by language. Practical tools like this let agencies target their limited resources to maximize their impact. These tools become much more useful when they can draw on data sets that fully represent current population patterns.

We request that all federal departments and agencies should be required to collect, analyze, use, report, and disseminate data at levels that maximize the opportunity all users to dig deeply into the data.

We also believe that these categories should not be static. We urge OMB to require that these standards be regularly updated so that as subgroups change in relative size over time, new check boxes are added to reflect the new populations. To ensure consistent data over time, the six groups in the NCT format should remain, but influxes of new groups due to global factors may mean additional check boxes may be necessary.

D. Updates to 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 are in support of the position put forward by the Asian & Pacific Islander American Health Forum and the Native Hawaiian & Pacific Islander Alliance.⁵

We also support the removal of the term “Far East” from the standards and also the remove of “Negro” from the standards, which are both long overdue. Both terms are outdated and rarely used in public discourse and are offensive to some people in these communities.

⁴ Available at ncoa.org/economic-security/benefits/visualizations/lepmap/.

⁵ Native Hawaiian & Pacific Islander Alliance and the Asian & Pacific Islander American Health Forum, Guidance on the Classification of Native Hawaiian and Pacific Islanders, 2008, available at: www.apiahf.org/sites/default/files/NHPI_Healthbrief0131_2008.pdf

We support the proposal to end the use of a “principal minority race” as a designation in the standards. When combined, Asians and Native Hawaiians and Pacific Islanders 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. Asians are the fastest growing race group in the United States, with 43% growth between the 2000 and 2010 Censuses.⁶ The difference in changes over time among Asian groups illustrates both the need for disaggregated data and the need for reconsideration of terminology. For example, between the two Censuses, the Bhutanese population experienced a nearly 1000% increase while the Japanese population decreased. The Native Hawaiian and Pacific Islander population also grew rapidly between 2000 and 2010, at 35% more than three times faster than the U.S. population as a whole.⁷

Thank you again for the opportunity to comment. If you need additional information, please do not hesitate to contact me at KPrindiville@justiceinaging.org.

Sincerely,



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Executive Director
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⁶ U.S. Census Bureau, 2010 Census Briefs, The Asian Population: 2010; 2012, available at: www.census.gov/prod/cen2010/briefs/c2010br-11.pdf

⁷ U.S. Census Bureau, 2010 Census Briefs, The Native Hawaiian and Other Pacific Islander Population: 2010; 2012, available at: www.census.gov/prod/cen2010/briefs/c2010br-12.pdf