

No Kākou, Na Kākou - For Us, By Us: Native Hawaiians and Pacific Islanders Informing Race Data Collection Standards for Hawai‘i

Rebecca Delafield PhD; Lisa Watkins-Victorino PhD; Joshua J. Quint PhD; Sharde Mersberg Freitas JD; Martina Kamaka MD; Carla J. Hostetter MA; Chantelle Eseta Matagi MA; Tercia Ku BA; Joseph Keawe‘aimoku Kaholokula PhD

Abstract

This article describes recommendations for standardized race data collection developed by the Hawai‘i Native Hawaiian and Pacific Islander COVID-19 Response, Recovery, and Resilience Team (NHPI 3R Team). These recommendations attempt to address the expressed desires of Native Hawaiians and the diverse Pacific Islander communities in Hawai‘i who seek greater visibility in data and research. The Native Hawaiian and Pacific Islander (NHPI) racial category is 1 of the 5 racial categories listed in the 1997 Statistical Policy Directive #15 issued by the Office of Management and Budget (OMB). The OMB directive sets the minimum standard for collection of race data in federal surveys, administrative forms, records, and other data collection. The NHPI 3R Team’s recommendation provides a standard for detailed data collection that could improve smaller communities’ ability to identify, advocate for, and address their own needs. The article also describes lessons learned through the collaborative and iterative process that was led by members and leaders of NHPI communities impacted by data driven decisions and policies. The NHPI 3R Team focused on expanding and standardizing race data collection as part of their COVID-19 response efforts, but implementation of the recommendations could produce benefits well beyond the pandemic.

Keywords

Native Hawaiian, Pacific Islander, COVID-19, Race, Data Collection, Data Standardization

Abbreviations

*DRC = Data and Research Committee
HDOH = State of Hawai‘i Department of Health
NHPI = Native Hawaiian and Pacific Islander
NHPI 3R Team = Hawai‘i Native Hawaiian and Pacific Islander
COVID-19 Response, Recovery, and Resilience Team
OMB = Office of Management and Budget*

Background

Hawai‘i has the highest percentage of Native Hawaiians and Pacific Islanders (NHPI) in the United States (US). According to 2020 US Census Bureau estimates, there are 400 000 NHPI (alone or in combination) in Hawai‘i, making up 28% of the population.¹ The NHPI category is 1 of the 5 racial categories listed in the White House’s Office of Management and Budget (OMB) 1997 Statistical Policy Directive #15. Besides NHPI, the categories include: American Indian or Alaska Native, Asian, Black or African American, and White. Directive #15 sets the

*minimum standard for collection of race data in federal surveys, administrative forms, records, and other data collection.*²

Agencies are encouraged to collect more specific racial data, but not less than the OMB minimum categories. For example, the Census Bureau has historically collected race data at a more granular level; however, for reporting purposes, racial data are generally aggregated into the 5 minimum standard categories. More detailed race and ethnicity data may be available in supplementary tables (eg, Table B01003 from the American Community Survey).³ These population statistics are used for a variety of purposes, such as determining resource allocation, assessing the rates of health conditions within communities, and evaluating the impact of policies and events on different racial and ethnic groups. We highlight these applications because they are particularly important to advancing equity for communities that face social and health disparities.

The large representation of NHPI in Hawai‘i provides a unique ability to “see,” in data, the rich diversity of NHPI groups. While there are common threads that bind NHPI communities, there are also important differences. In Hawai‘i, the history and experiences of Hawai‘i’s Indigenous population, Native Hawaiians, differs in many ways from the Samoan community, which in turn differs from the Marshallese or Tongan communities. For example, relationships to the Hawaiian islands, political status, language access, and cultural practices often vary between communities categorized under the single yet broad NHPI race group. These differences can have important implications for developing effective health policies, efficient disaster responses, and successful public health communications and interventions.

Some programs and institutions within Hawai‘i collect race data that extends beyond the minimum OMB standards. For example, within the State of Hawai‘i Department of Health (HDOH), the Office of Health Status Monitoring and the Chronic Disease Prevention and Health Promotion Division have been collecting and reporting race data for years with Native Hawaiians (alone or in combination) separated from other Pacific Islanders.⁴ However, this approach is not standardized nor consistently applied within or across State or private

agencies.⁵ In the context of the COVID-19 pandemic, the lack of data collection standards across Hawai‘i, particularly in the earliest phase of the pandemic, created obstacles for addressing, monitoring, and assessing COVID-19 related impacts as well as for essential communication with the public.⁶⁻⁸

Concerns about data collection and reporting were raised within weeks of the first positive COVID-19 test in Hawai‘i. The HDOH initially reported COVID-19 rates using the aggregated NHPI category rather than disaggregating Native Hawaiians from Pacific Islanders as was done with several other HDOH data reports.⁷ Worrying reports from inside Pacific Islander communities indicated a rapid spread of COVID-19; however, this was not apparent in the HDOH NHPI case reports. In response to the alarming spread of COVID-19 and concerns about the existing system’s capacity to detect and address the specific needs of NHPI communities, the Hawai‘i NHPI COVID-19 Response, Recovery, and Resilience Team (NHPI 3R Team) was established in May 2020.⁹ The team is co-led by NHPI community leaders and has participation from over 60 different community, government and educational agencies, organizations and departments. Its mission is to “improve the collection and reporting of accurate data, identify and lend support to initiatives across the Hawaiian Islands working to address COVID-19 among Native Hawaiians and Pacific Islanders, and to unify to establish a presence in the decision-making processes and policies that impact our communities.”⁹

An early achievement of the NHPI 3R Team’s Data and Research Committee (DRC) was collaborating with the HDOH Disease Outbreak Control Division to improve reporting of COVID-19 statistics by disaggregating NHPI data. This change revealed the extent of the disparity in COVID-19 cases among Pacific Islander communities and prompted greater and more targeted action.^{8,10,11} This manuscript describes a DRC data collection improvement project to benefit NHPI communities now and well beyond the context of the pandemic.

Approach

As a NHPI-led team, the DRC has worked continually for the past 2 years to develop recommended standards for collecting race data for NHPI communities in Hawai‘i. The methods used to produce these recommendations are detailed in the drafted standards document.⁹ The standards are population-based (using 2010 Census data) and expand the Pacific Islander categories to include any group with 100 or more individuals (alone or in combination) enumerated in the State of Hawai‘i population data.

While other data improvement efforts are underway at the national¹²⁻¹³ and local level,^{5,14} including proposals for updating OMB’s Race and Ethnicity Statistical Standards,¹⁵ these recommendations are specific to and generated by NHPIs in Hawai‘i and for Hawai‘i. Team members have expertise in epidemiological methods, health research, program implementation and management, health care, healthcare administration, advocacy,

and community outreach with and within NHPI communities. Additionally, the team, as a collective, has experience and knowledge across diverse, but germane, contexts and circumstances. Some examples include team members navigating their personal experience of invisibility/erasure in reported race data due to aggregation, trying to find data relevant for serving the stated needs of their communities, researching health outcomes for NHPI communities in the absence of relevant or valid data, and providing direct service and outreach with their communities in order to meet needs that were not addressed due to language or other barriers. Insights resulting from these first-hand experiences were uniquely valuable to the development of the recommendations and are echoed in the literature from Hawai‘i and elsewhere and were.^{7,8,11,16-18} For these reasons, we believe the recommendations put forth here are inclusive and highly relevant to the NHPI communities in Hawai‘i.

Recommendations

The DRC recommended list of race categories is presented in **Table 1**. The DRC has also provided a set of guidelines for race data collection. These guidelines are specific to data collection; however, the DRC is working on race data reporting that will be disseminated at a later date.

Table 1. Recommended List of Detailed Native Hawaiian and Pacific Islander Race Categories for Data Collection, with Alignment to Federal 1997 Office of Management and Budget (OMB) Minimum Race Categories	
Recommended State of Hawai‘i Race Categories	OMB Standards Minimum Race Category
Native Hawaiian	Native Hawaiian or Other Pacific Islander
Chamorro/CHamoru	
Chuukese	
Fijian	
I-Kiribati	
Kosraean	
Marshallese	
Palauan/Belauan	
Pohnpeian	
Samoan	
Tahitian	
Tokelauan	
Tongan	
Yapese	
Other Pacific Islander (please specify)	

Guidelines for race data collection:

- Racial categories should specify as much detail as possible.
- Respondents should be allowed to select more than 1 race (eg, check all that apply, mark one or more boxes).
- Respondents should self-identify their race selection (except in instances where consultation with others, such as a family member for identification purposes, is more practical or necessary, such as responding to EMS in an emergency).
- Persons who select “Other Pacific Islander” or any “Other” category should have space to write in their specific race.

Lessons Learned

There were 4 main lessons learned while developing these recommendations that may be useful to other communities advocating for greater visibility in data and research.

1) *It is important to be aware of limitations.* Initially the group considered producing a standard that would recommend amendments to the full list of OMB racial categories. However, as the group progressed in the conversations around the NHPI granular data collection, it was understood that this group did not include the communities and voices needed to provide the same detail of recommendations for other racial categories. Therefore, the focus was narrowed to recommendations focused on data collection for NHPI groups. The team hopes that sharing the process and methods used can help other teams derive a list that has broad representation and relevant recommendations for their racial and ethnic communities.

2) *Definitions are elusive and evolving.* Race is a social construct. Constructions of race by official government entities and within the informal social sphere are consistently evolving.¹⁹⁻²¹ Often, these definitions are created for a specific political purpose and, historically, were created to uphold racist hierarchies.²²⁻²³ These entrenched hierarchies have powerful influences on the lived experiences of individuals and communities categorized into racial groups.²⁴⁻²⁵ However, race, ethnicity, ancestry, and nationality are concepts that are frequently conflated, intertwined, and overlapping. In fact, Native Hawaiian is the only named race in the OMB standards connected to a specific and unique language and a distinctly defined ancestry and place.

For other communities aggregated into racial categories that do not overlap with their specific cultural or ethnic affiliation, including Pacific Islanders, the aggregation can mask information critical to preserving and protecting their health and well-being. In this way, the use of broad aggregate race categories for data collection hinders the ability to identify, assess, and effectively address the health needs of the diverse (in terms of language, culture and/or practices) communities contained within a single racial category. Yet, creating a standardized list that represents all the iterations of more granular race or ethnic communities can collide or conflict with the other priorities,

including privacy issues, practicality, and broad implementation. In the face of these challenges, the DRC tried to walk the line, resulting in an approach that was an improvement, but also a compromise. Ultimately, the team settled on including more granular categories, while also using a population cutoff point which would exclude Pacific Islander communities representing less than 100 individuals.

3) *The list is a living document.* Creating a standard for concepts that are constructed in changing societal contexts and using population cutoffs that can shift with in and out migration or due to other population dynamics, means that this list should not be considered a static document. These recent efforts have created parameters and articulated a proposed methodology; however, the team members recognize that the context and populations will change over time, requiring the standard to be reviewed and modified at regular intervals based on changing detailed census population counts and community feedback to maintain its relevance and usefulness. If categories change, there may be a period where data is not reportable or different sampling or analytical approaches are needed (eg, oversampling, qualitative methods) to better understand how outcomes or certain factors overlap/diverge in relation to other groups. Additionally, more granular collection of race and ethnicity data does not preclude aggregation for analysis purposes entirely. However, determinations regarding aggregation to provide a meaningful analysis should be made in conversation with community representatives, justified as it relates to the context of the investigation, and explicitly described in any research reports.

4) *No Kākou, Na Kākou* (for us, by us). The work of the DRC on this issue coincided with increased dialog nationally on the topics of diversity, inclusion, and representation. These conversations, alongside the stark racial disparities the pandemic highlighted, spawned substantial interest in the race data collection recommendations being developed by the team. The DRC has received numerous requests to share information about the process and our recommendations. In all the conversations, the importance of having diverse NHPI voices represented, engaged, and empowered as decision-makers and leaders is emphasized, especially when the data is generated from their communities.

Conclusion

The recommendations for standardized race data collection outlined here are the result of a lengthy but thoughtful, collaborative, and iterative approach led by members and leaders of the communities most impacted by data driven decisions and policies. The effort tackled the complexity of race as a social construction influenced by historic and contemporary racist hierarchies; an ethnic and familial heritage; and an intimate and personal identity. The resulting recommendations attempt to respond to the expressed needs of smaller communities to be more visible in data in order to identify, advocate for, and address their own needs, as well as allocate critical resources.

Furthermore, greater visibility in data reduces the risk of smaller communities being neglected in public health response efforts and political spheres.

The NHPI-led team came together at the beginning of the COVID-19 pandemic in hopes of keeping our communities safe and preventing COVID-related deaths. It is the team's goal that this standardized list and recommendations, updated as necessary, will not only facilitate recovery, but also be used to support resilience into the future for generations to come.

Conflict of Interest

None of the authors identify a conflict of interest.

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Authors' Affiliations:

- John A. Burns School of Medicine, University of Hawai'i at Mānoa, Honolulu, HI (RD, MK, JKK)
- Office of Hawaiian Affairs, Honolulu, HI (LW, CJH)
- Papa Ola Lōkahi, Honolulu, HI (JJQ, CEM, TK)
- Native Hawaiian Pacific Islander COVID-19 Response, Recovery, and Resiliency Team - Data and Research Committee, Honolulu, HI (SMF)

Corresponding Author:

Rebecca Delafiel PhD; Email: delafiel@hawaii.edu

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