



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

April 27, 2023

Interagency Technical Working Group on Race and Ethnicity Standards
1650 17th St., NW
Washington, DC 20500

Sent via email to: Statistical_Directives@omb.eop.gov

Re: Initial Proposals for Updating OMB's Race and Ethnicity Statistical Standards

Dear Members of the Interagency Technical Working Group on Race and Ethnicity Standards:

On behalf of the American Psychological Association (APA), I am pleased to respond to the January 27, 2023, Federal Register notice requesting comments on initial proposals for updating the Office of Management and Budget (OMB) statistical standards on race and ethnicity. These new standards would replace the current standards, in effect since 1997, that are described in the Statistical Policy Directive No. 15L Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity (SPD 15).

APA is the nation's largest scientific and professional nonprofit organization representing the discipline and profession of psychology, as well as more than 146,000 members and affiliates who are clinicians, researchers, educators, consultants, and students in psychological science. Our mission is to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives.

APA strongly supports the efforts of OMB, the Census Bureau, and other federal agencies participating in the Interagency Technical Working Group on Race and Ethnicity Standards to address the important issues related to the changing race and ethnic composition of the U.S. and the evolution of individuals' identification with and endorsement of the groups to which they belong. The updates under consideration by the Working Group are important for maintaining the quality and detail of data available about the U.S. populations for policy making and evaluation, allocation of federal resources, enforcement of laws, social and behavioral research, and public information. Below we address the primary areas for which the Interagency Technical Working Group solicits feedback.

Collecting Race and Ethnicity Information Using One Combined Question –

APA recognizes the significant and important challenge of facilitating accurate data collection on race and ethnicity in the U.S. population. The new single question option displayed in Figure 2 is a substantial improvement over the questions assessing race and ethnicity in its current form. It streamlines the question for respondents and preserves the option for respondents to indicate their race and their

ethnicity where applicable. In moving forward with the change, it is important to stay attuned for difficulties that researchers may encounter describing the racial and ethnic composition of their samples precisely. Such considerations are critical as researchers rely upon federal data sets to answer pressing questions about the health and wellbeing of various populations as the country continues to diversify. The APA also recommends that the OMB share periodic updates with the public describing the impacts of the changes in the coming years. Health disparities research conducted over the last 20 years indicates a need to be able to disaggregate Hispanic populations by race in order to pinpoint the causes of an array of health disparities.¹ More information about the impact of the change on scientific research is needed in order for the scientific community to provide solutions to this dilemma.

The terms “Hispanic or Latino” reflect the current way Federal agencies have collected data on these diverse populations. However, we acknowledge that these terms may not be fully inclusive, and some groups may prefer the use of gender-neutral alternatives, such as “Latinx.” APA’s [Inclusive Language Guidelines](#)² suggest consulting with study participants to determine the appropriate term when feasible. We recognize that language is dynamic and constantly evolving, and language preferences may vary among different communities and individuals.

Adding “Middle Eastern or North African” as a new minimum category —

APA strongly supports the addition of a Middle Eastern-North African (MENA) category of data for two reasons:

1. The majority of the MENA community does not identify as White and have experiences similar to other ethnically minoritized groups (e.g., discrimination, racism, disparities).
2. Without a separate category for MENA, disparities between those identifying as White and Black, those identifying as White and Latino, those identifying as White and Indigenous, and those identifying as White and Asian American are masked, diminishing the appearance of disparities.

Accurate and robust collection of ethnicity and race data is the first critical step in identifying and addressing disparities in health.³ The MENA population in the United States is often omitted from medical and health-related data collection altogether. Race and ethnicity disparity statistics often exclude the MENA population because either data are not being collected on this population or the group is not being disaggregated from the White race category. A growing body of research shows that MENA American individuals have both health and social patterns distinct from those of White individuals. Findings suggest that compared to non-Hispanic White individuals, MENA American

¹ White, K., Lawrence, J.A., Tchangalova, N. *et al.* Socially-assigned race and health: a scoping review with global implications for population health equity. *Int J Equity Health* **19**, 25 (2020). <https://doi.org/10.1186/s12939-020-1137-5>

² American Psychological Association. (2021). Inclusive language guidelines. <https://www.apa.org/about/apa/equitydiversity-inclusion/language-guidelines.pdf>

³ Awad GH, Kia-Keating M, Amer MM. A model of cumulative racial-ethnic trauma among Americans of Middle Eastern and North African (MENA) descent. *Am Psychol.* 2019;74(1):76–87. <https://doi.org/10.1037/amp0000344>

individuals have a higher prevalence of metabolic disorders, cardiovascular disease, low birth weight,⁴ and depressive symptoms.⁵ Furthermore, this group is bifurcated in terms of socioeconomic status, reporting both higher and lower educational levels than White individuals.⁶ It appears that the experiences of MENA American individuals place them at elevated risk of developing a myriad of health problems, perhaps owing to discrimination and social stress⁷. Awad et. al argue that disaggregating the MENA population in race and ethnic group data collection by including a MENA ethnic category will advance the science of health disparities.⁸

Collecting Detailed Race and Ethnicity Data—

APA recommends collection of detailed race and ethnicity data and encourages further exploration about appropriate ways to do so. The proposed response options are not comprehensive, but it may not be feasible to develop a comprehensive set of response options for all federal data collections.

The detailed race and ethnic categories in Figure 2 (attached) largely represent ancestry based on country of origin. The utility of these different country-based ancestral groups for policy and research purposes is not clear in all cases. The detailed response category examples omit those based on broader regional identity, such as Scandinavian, European, Central American, or South Asian—de-emphasizing transnational groups. The implications of these choices should be considered carefully before the new standards are finalized.

The option to collect a single open-ended question covering self-identified ancestry, nationality, ethnicity, or tribal affiliation should be investigated. These efforts should be informed by a clear rationale and purpose for collecting detailed race and ethnicity data. Respondents may be unfamiliar/unsure with how to answer the questions related to race/ethnicity. Capturing accurate and representative data on different populations requires an increase in dissemination efforts to consumers in relation to how to answer the questions related to race/ethnicity and the implications of answering in a certain way. This may increase participation in data collection, if respondents understand how the collection of this data may impact the availability of support to their communities, and lead to the collection of data that is representative of a community.

Additionally, the guidelines and recommendations about when to collect data using the minimum categories versus the detailed categories warrant continued discussion. The Working Group should consider alternative approaches to conceptualizing and collecting the necessary details associated with race and ethnicity beyond the minimum categories to make these relevant and usable.

⁴ Abuelezam NN, Cuevas AG, El-Sayed AM, Galea S, Hawkins SS. Infant health for Arab and non-Arab mothers identifying as White, Black, or other in Massachusetts. *Am J Prev Med.* 2021; 60(1):64–71. <https://doi.org/10.1016/j.amepre.2020.06.032>

⁵ Ajrouch KJ, Antonucci TC. Social relations and health: comparing “invisible” Arab Americans to Blacks and Whites. *Soc Ment Health.* 2018;8(1): 84–92. <https://doi.org/10.1177/2156869317718234>

⁶ Read JG. Measuring ethnicity with US census data: implications for Mexicans and Arabs. *Popul Res Policy Rev.* 2013;32(4):611–631. <https://doi.org/10.1007/s11113-013-9286-5>

⁷ Love E. *Islamophobia and Racism in America*. New York, NY: New York University Press; 2017.

⁸ Awad GH, Abuelezam NN, Ajrouch KJ, Stiffler MJ. Lack of Arab or Middle Eastern and North African health data undermines assessment of health disparities. *Am J Public Health.* 2022;112(2):209–212

The OMB-2023-0001 RFI poses the question: Is the example design seen in Figure 2 inclusive such that all individuals are represented? We suggest it is intended to be MADE comprehensive with the write-in feature, but absent that option it cannot be comprehensive. More comprehensive lists exist that detail race dependent on geographic location, much like Figure 2. For example, many of the groups of Native Hawaiians and other Pacific Islanders are not included (Chuukese, Kosraean, Māori, Mariana Islander, I-Kiribati, Tokelauan, Nauruan, Ni-Vanuatu/Ni-Van, Palauan, Papua New Guinean, Pohnpeian, Saipanese, Solomon Islander, Tahitian, Yapese). If an exhaustive list is improbable at the time, it is essential to include the option for respondents to write in their identity as allowed by Figure 2.⁹

Regarding the impacts of using a close-ended category without collecting further detail through open-ended written responses (i.e., other Asian group write-in): a decision to omit a write-in option may result in the collection of inaccurate data, which could impact funding decisions and divert support from groups in need. For example, according to Gigli (2021), aggregated data on Asian American populations reported that the community was facing a concerning obesity crisis. However, once the data was disaggregated to specific sub-groups of the Asian American category (i.e., Japanese, Chinese, etc.) researchers could identify the specific groups that were impacted by the rise in obesity, which allowed for targeted intervention efforts.¹⁰ The omission of a write-in option for racial/ethnic data would prevent the collection of this detailed data, which can be beneficial in promoting the health of communities. Additionally, racial/ethnic groups should be listed in alphabetical order (i.e., American Indian/Alaskan Native, Asian, etc.) rather than the way it is currently formatted with “White” listed first.¹¹

Weighing the use of a comprehensive list against the provision of a write-in option for all response options, we suggest that an exhaustive list is very resource intensive to collect and report, may change over time, and may change faster than OMB can implement. Yet write-in options may introduce other problems. OMB should consider weighing and detailing the circumstances under which one approach or combined approaches is preferred. APA suggests communicating best practices, including a preferred option, to help agencies manage the collection and tabulation options given the potential for variability in answers to more granular or open-ended categories (e.g., inconsistent spelling or spacing, translation, multiple responses, ethnic groups under a different race category). A preferred option can help create consistency between reporting while also leaving room for adjustments based on the context of the application.

APA supports the collection of detailed data, despite the risk of small group sizes. Small group sizes are not problematic in and of themselves. OMB might consider encouraging agencies to combine/pool data across multiple data collection efforts. This strategy could alleviate difficulties in working with small populations. APA’s research questions are becoming more nuanced and intersectional in nature. While

⁹ Palafu, Tessa, Summer Pascual, Danielle Carreira Ching, Kelsie Okamura, April 4, 2023. Correspondence to American Psychological Association regarding OMB 2023-0001 comments. Baker Center for Children and Families, Harvard Medical School, Boston, Mass.

¹⁰ Gigli, K. H. (2021). Data disaggregation: a research tool to identify health inequities. *Journal of Pediatric Health Care*, 35(3), 332–336. <https://doi.org/10.1016/j.pedhc.2020.12.002>

¹¹ Palafu et al, 2023.

we often examine single characteristics in isolation, we run into small Ns in crossing any two or more characteristics. Pooling data could sufficiently increase sample sizes to examine multiple characteristics.

Changes to standards of federal data on race will affect many agencies and many related standards. APA suggests that the OMB standards and guidance via the [USCDI](#) United States Core Data Interoperability should be in agreement.

In conclusion, APA looks forward to continued collaboration to ensure the integrity, objectivity, impartiality, utility, and confidentiality of information collected for statistical purposes.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Katherine B. McGuire', with a long, sweeping horizontal line extending to the right.

Katherine B. McGuire, MS
Chief Advocacy Officer
American Psychological Association

**Figure 2. Proposed Example for Self-Response Data Collections: Combin
and Detailed Categories**

What is your race or ethnicity?
Select all that apply AND enter additional details in the spaces below.
Note, you may report more than one group.

☐ **WHITE** – *Provide details below.*

☐ German ☐ Irish ☐ English
☐ Italian ☐ Polish ☐ French
Enter, for example, Scottish, Norwegian, Dutch, etc.

☐ **HISPANIC OR LATINO** – *Provide details below.*

☐ Mexican or
☐ Mexican American ☐ Puerto Rican ☐ Cuban
☐ Salvadoran ☐ Dominican ☐ Colombian
Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc.

☐ **BLACK OR AFRICAN AMERICAN** – *Provide details below.*

☐ African American ☐ Jamaican ☐ Haitian
☐ Nigerian ☐ Ethiopian ☐ Somali
Enter, for example, Ghanaian, South African, Barbadian, etc.

☐ **ASIAN** – *Provide details below.*

☐ Chinese ☐ Filipino ☐ Asian Indian
☐ Vietnamese ☐ Korean ☐ Japanese
Enter, for example, Pakistani, Cambodian, Hmong, etc.

☐ **AMERICAN INDIAN OR ALASKA NATIVE** – *Enter, for example,
Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of
Barrow Inupiat Tribal Government, Tlingit, etc.*

☐ **MIDDLE EASTERN OR NORTH AFRICAN** – *Provide details below.*

☐ Lebanese ☐ Iranian ☐ Egyptian
☐ Syrian ☐ Moroccan ☐ Israeli
Enter, for example, Algerian, Iraqi, Kurdish, etc.

☐ **NATIVE HAWAIIAN OR PACIFIC ISLANDER** – *Provide details below.*

☐ Native Hawaiian ☐ Samoan ☐ Chamorro
☐ Tongan ☐ Fijian ☐ Marshallese
Enter, for example, Palauan, Tahitian, Chuukese, etc.