



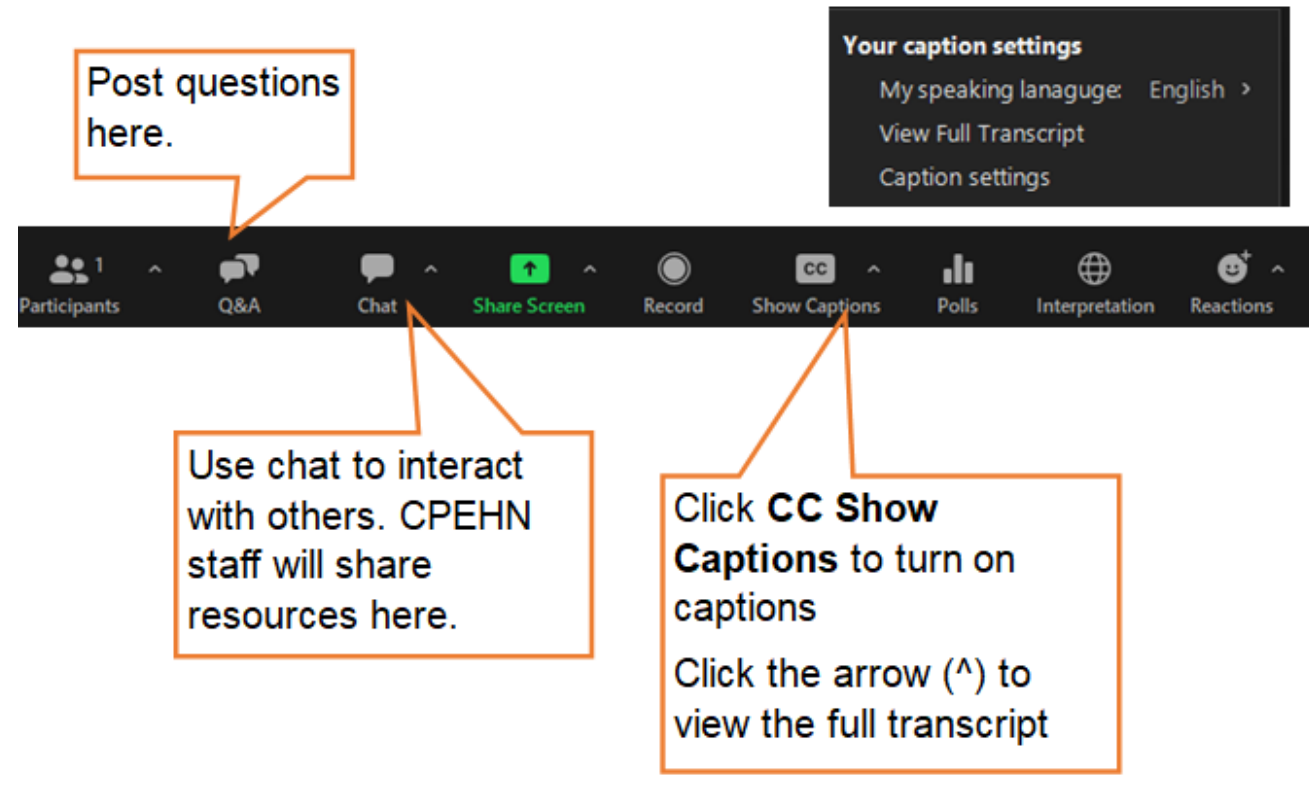
California Pan-Ethnic  
HEALTH NETWORK

# New Federal Demographic Data Standards: What Does This Mean for California?

Thursday, May 16, 2024

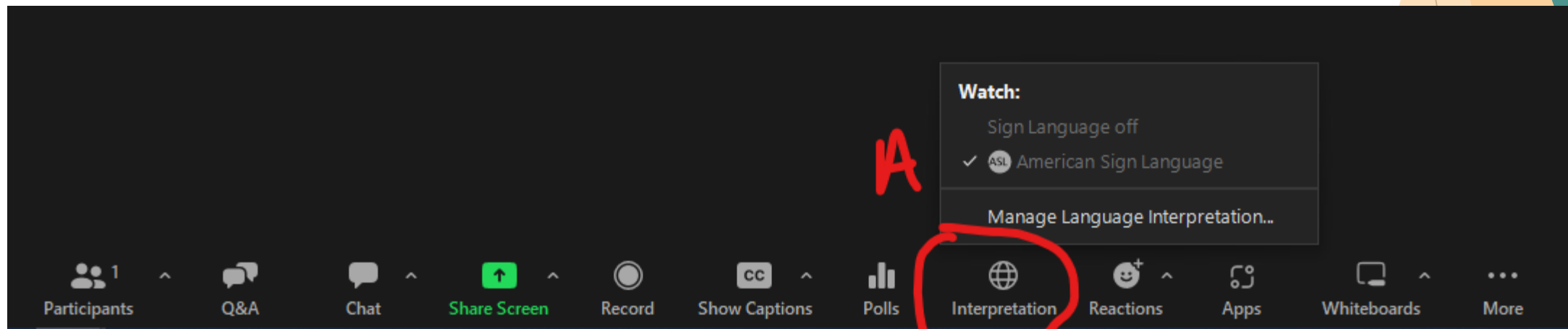
# Housekeeping

- ▶ The webinar is being recorded
- ▶ Everyone is muted
- ▶ Use the chat box to interact with each other!
- ▶ Use the Q&A function to send questions. CPEHN staff will either respond or mark the question to be answered live
- ▶ Closed captions are available. To access closed captions:
  - ▶ Click the "CC Show Captions" button at the bottom of your screen
- ▶ To view a full transcript:
  - ▶ Click the arrow (^) next to CC Show Captions
  - ▶ Click View Full Transcript



# Accessing ASL Interpretation

- ▶ On the bottom toolbar, click **Interpretation**
  - ▶ If you don't see it, try clicking ...  
**More**
- ▶ Select American Sign Language



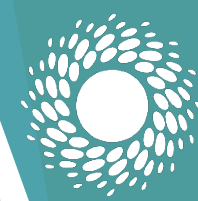
# About CPEHN

## Mission:

- ▶ We bring together and mobilize communities of color to advocate for public policies that advance health equity and improve health outcomes in our communities.

## Approach & Strategies:

- ▶ We center **racial justice**, build **courageous coalitions** and **boldly champion policies** that will make the biggest difference in the health of communities of color.
- ▶ To improve health outcomes for communities of color we:
  - ▶ **Advocate** for policy change
  - ▶ **Build networks** and make connections
  - ▶ **Tell** our communities' **stories**
  - ▶ **Use data** to inform our policy and community advocacy work



# Federal Data Standards Webinar

## Panel Introductions:



**Ignatius Bau** –  
Health Equity and Policy  
Consultant



**Dr. Seciah Aquino** –  
Executive Director,  
Latino Coalition for a  
Healthy California



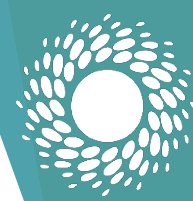
**Amin Nash** –  
Policy and Research  
Coordinator, Arab  
American Civic Council



**Andrew C. Lee** –  
Senior California Policy Manager,  
Southeast Asia Resource Action  
Center



**Christine Blake** –  
CalHHS Equity Dashboard  
Product Manager, California  
Health & Human Services  
Agency



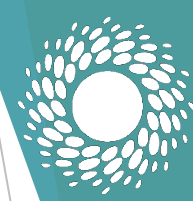
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# Office of Management and Budget Updated Race and Ethnicity Data Standards

**Thursday, May 16, 2024**

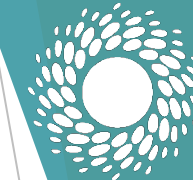
# Background

- ▶ Originally issued in 1977; updated in 1997 (rf. advocacy by Native Hawaiians and Pacific Islanders)
- ▶ Race and ethnicity are social and political constructs, not biological or genetic categories
- ▶ Race and ethnicity should be self-reported, not imputed or assigned
- ▶ Allow multiple responses; then reporting options
- ▶ Data driven, e.g. 2015 testing for Census 2020 race and ethnicity questions
- ▶ Changes pending since 2016



## Key Changes

- ▶ Combine race and ethnicity (Hispanic or not Hispanic) categories
- ▶ Add new Middle Eastern and North African category
- ▶ Require disaggregation (by six most numerous subpopulations) in each category except American Indian and Alaska Native (write-in); federal departments and agencies must get OMB exemption from disaggregation
- ▶ Update outdated terminology



**What is your race and/or ethnicity?**

*Select all that apply and enter additional details in the spaces below.*

- ☐ **American Indian or Alaska Native** – Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

- ☐ **Asian** – Provide details below.

- ☐ Chinese      ☐ Asian Indian      ☐ Filipino  
☐ Vietnamese      ☐ Korean      ☐ Japanese

*Enter, for example, Pakistani, Hmong, Afghan, etc.*

- ☐ **Black or African American** – Provide details below.

- ☐ African American      ☐ Jamaican      ☐ Haitian  
☐ Nigerian      ☐ Ethiopian      ☐ Somali

*Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.*

- ☐ **Hispanic or Latino** – Provide details below.

- ☐ Mexican      ☐ Puerto Rican      ☐ Salvadoran  
☐ Cuban      ☐ Dominican      ☐ Guatemalan

*Enter, for example, Colombian, Honduran, Spaniard, etc.*

- ☐ **Middle Eastern or North African** – Provide details below.

- ☐ Lebanese      ☐ Iranian      ☐ Egyptian  
☐ Syrian      ☐ Iraqi      ☐ Israeli

*Enter, for example, Moroccan, Yemeni, Kurdish, etc.*

- ☐ **Native Hawaiian or Pacific Islander** – Provide details below.

- ☐ Native Hawaiian      ☐ Samoan      ☐ Chamorro  
☐ Tongan      ☐ Fijian      ☐ Marshallese

*Enter, for example, Chuukese, Palauan, Tahitian, etc.*

- ☐ **White** – Provide details below.

- ☐ English      ☐ German      ☐ Irish  
☐ Italian      ☐ Polish      ☐ Scottish

*Enter, for example, French, Swedish, Norwegian, etc.*

# Implementation

- ▶ Effective immediately as OMB approves forms, surveys, etc.; full compliance in five years, by March 2029
- ▶ All federal departments and agencies required to develop an implementation Action Plan in 18 months, by September 2025
- ▶ These updated categories are MINIMUM categories; federal data collectors are encouraged to collect more granular/disaggregated data, e.g. in EHRs
- ▶ Highlight “for example” categories (next three most numerous subpopulations)

## Next Steps for Advocacy

- ▶ Clarify criteria and process for exemption from disaggregation
- ▶ Address under/miscount of Afro-Latinos, e.g. Dominicans only as Hispanic and not as Black
- ▶ How to identify descendants of persons enslaved
- ▶ Support research for future category changes, e.g. testing for Census 2030
- ▶ Will be OMB review of standards every 10 years

## Next Steps for Advocacy

- ▶ Continued demographic changes because of immigration
- ▶ Multiple race and ethnicity responses will increase
- ▶ Does not apply to state and local data (birth & death certificates, COVID-19, etc.) but is a “best practice”



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# Dr. Seciah Aquino

Executive Director, the Latino Coalition for a Healthy California

Middle Eastern or North African (MENA) Category

Amin Nash, Arab American Civic Council, CA MENA Coalition

CPEHN Webinar, 5/16/2024





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## Introduction

- Presenter: Amin Nash, Policy and Research Coordinator for the Arab American Civic Council in Anaheim's Little Arabia
- CA MENA Coalition: 20+ member coalition lead by 9 core members:
  - Arab American Civic Council
  - Armenian American Action Network
  - National Iranian American Council
  - Council on American Islamic Relations
  - Somali Family Service
  - Access California Services
  - National Network of Arab American Communities
  - American-Arab Anti Discrimination Committee
  - Arab Cultural and Community Center





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## What is Happening Federally

Figure 3. Race and Ethnicity Question with Minimum Categories Only

- “White” is currently defined as “the original peoples of Europe, the Middle East, or North Africa”
- 30+ years of advocacy lead by the Arab American Institute, ACCESS, and numerous other community organizations.
- The new ethnic and racial standards for the MENA population was announced March 28th, 2024.

### What is your race and/or ethnicity?

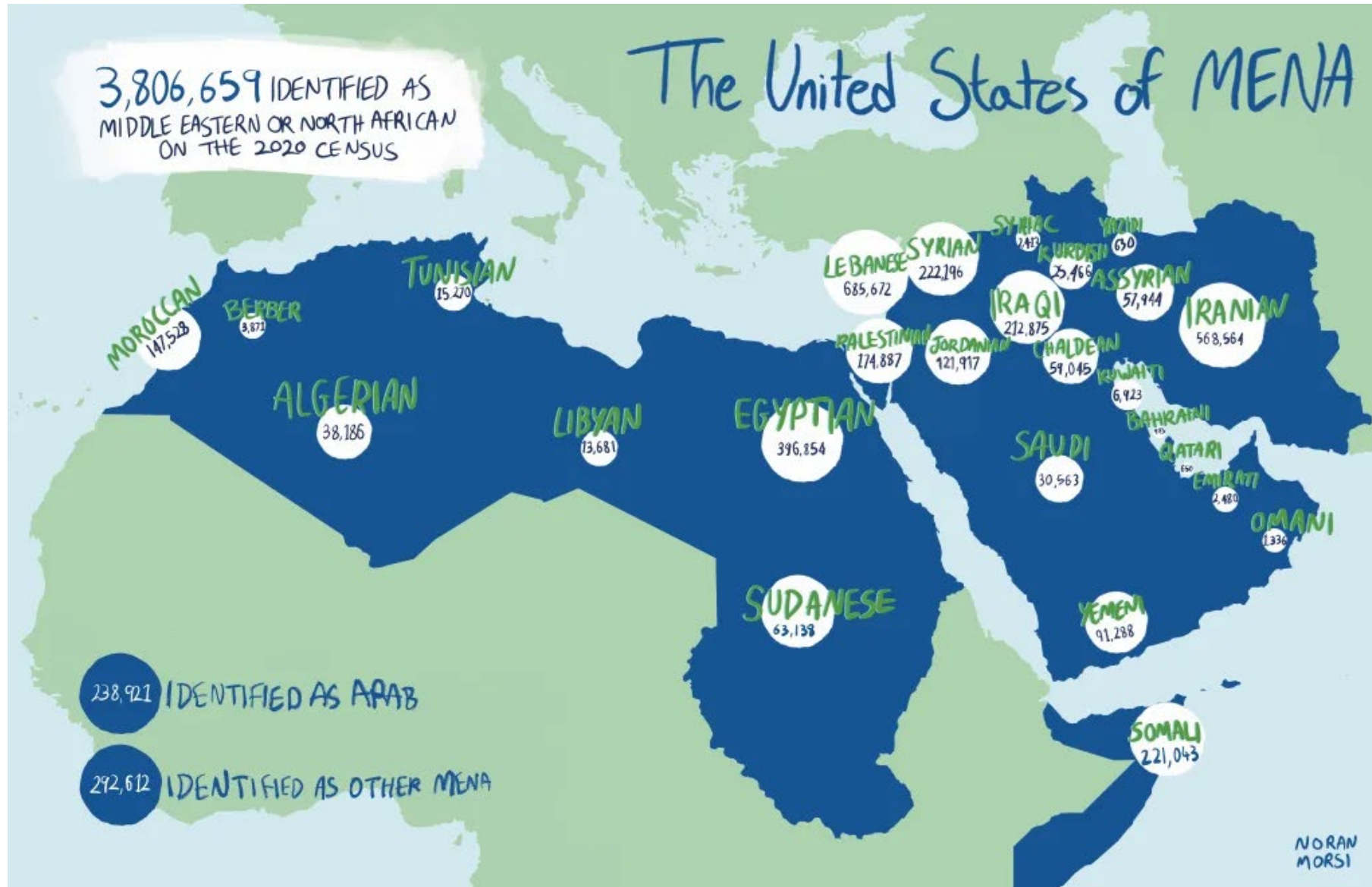
Select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White



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## 2020 Census Results





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## What is Happening Locally



- Assembly Bill AB 2763, CA MENA Inclusion Act, based off UC SWANA Data
- Broader category, includes communities that may be ignored in the Federal MENA definitions.
- Includes Armenians, Somalis, Afghan, and Sudanese, among others.



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## What is Happening Locally

### Detailed counts (duplicated)

Broad category	Category	Collection Status	2017	2018	2019	2020	2021	2022	2023
Southwest Asian/North African	Iranian	C	3,327	3,595	3,711	3,723	3,699	3,650	3,215
	Armenian	C	1,683	1,728	1,834	1,918	1,953	2,011	2,117
	Lebanese	C	890	981	1,068	1,080	1,162	1,243	1,130
	Egyptian	C	831	963	960	1,037	1,181	1,248	1,099
	Israeli	C	839	943	987	995	1,032	1,046	1,022
	White/Middle Eastern	B1	1,465	942	820	788	814	796	1,071
	Palestinian	C	600	671	720	760	849	886	805
	Afghan	C	552	623	665	721	798	824	892
	Turkish	C	521	582	644	653	768	855	835
	Syrian	C	558	640	680	689	734	774	691
	Iraqi	C	424	479	542	557	623	614	551
	Jordanian	C	366	413	446	442	454	445	426
	Moroccan	C	216	236	251	269	304	337	332
	Saudi Arabian	C	141	152	156	178	251	298	299
	Assyrian/Chaldean	C	148	147	181	201	237	276	265
	Yemeni	C	129	134	151	153	132	163	177
	Algerian	C	81	94	100	101	117	152	168
	Kurdish	C	70	85	93	97	121	119	131
	Other Southwest Asian	C	58	65	79	85	103	118	148
Southwest Asian/North African	Kurdish	C	70	85	93	97	121	119	131
	Other Southwest Asian	C	58	65	79	85	103	118	148
	White/North African	B1	123	77	71	75	78	74	92
	Azerbaijani	C	71	76	75	82	75	73	95
	Sudanese	C	56	67	63	72	89	98	95
	Tunisian	C	52	55	62	67	77	85	81
	Georgian	C	42	54	56	57	66	63	77
	Somali	C	42	48	53	61	73	67	71
	Kuwaiti	C	45	43	41	48	56	60	50
	Libyan	C	37	34	33	41	47	53	37
	Other North African	C	29	27	28	39	50	56	51
	Emirati	C	24	30	25	24	28	28	27
	Berber	C	16	22	23	25	41	53	
	Bahraini	C	17	12	6	17	21	28	24
	Circassian	C	20	20	14	15	19	14	11
	Omani	C	10	12	14	17	16	15	11
	Qatari	C	4	4	7	10	8	8	5
	Mauritanian	C	4	5	3	4	6	4	5
	Diiboutian	C	3	3	2	2	2	1	2

Source UC Information Center:  
<https://www.universityofcalifornia.edu/about-us/information-center/disaggregated-data>



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## MENA Inclusion: Why it Matters

- Brings recognition to the Middle Eastern or North African (MENA) population
- Allows the MENA community to have access to usable data and resources, such as healthcare and civil rights data.
- California has the largest and most diverse MENA population, also the most impactful across the nation.

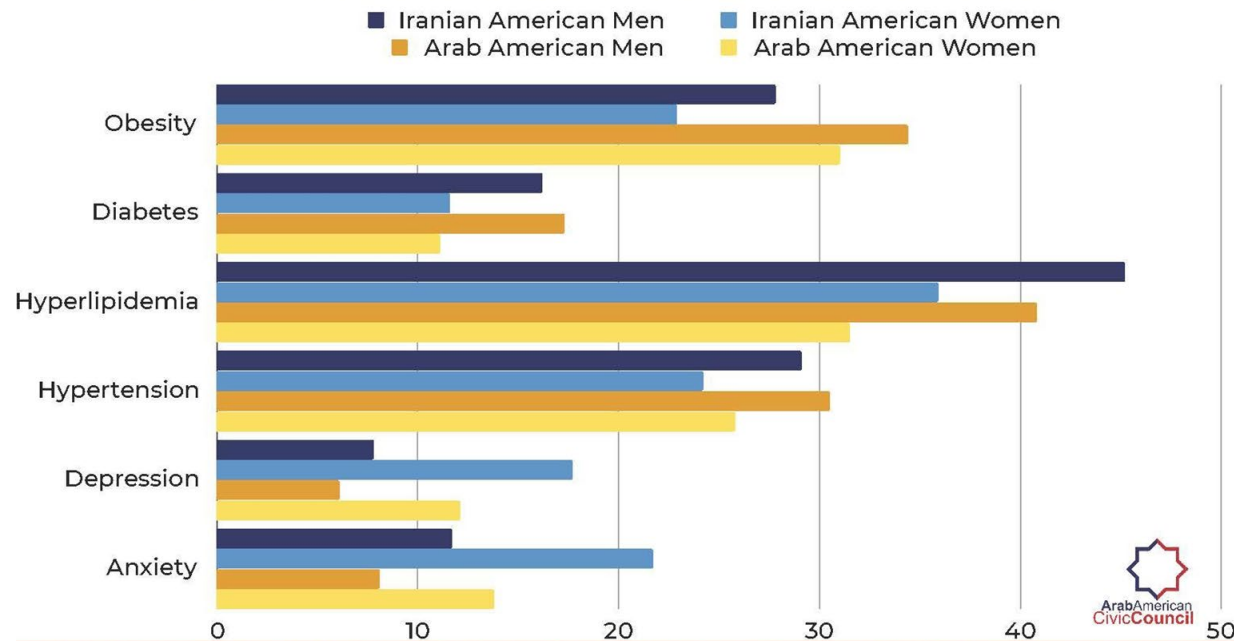


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## MENA Inclusion: Why it Matters

A 2021 ANALYSIS OF KAISER PERMANENTE'S HEALTH DATA IN NORTHERN CALIFORNIA LOCATED 18,072 ARAB AMERICANS AND 5,777 IRANIAN AMERICANS, FINDING:

- **Arab American men and women** had a higher prevalence of obesity and diabetes than Iranian Americans.
- **Iranian Americans** had a higher prevalence of hyperlipidemia than Arab Americans.
- **Both Arab and Iranian American men** had a higher prevalence of hypertension and diabetes than Arab or Iranian American women. **Iranian American women** had a lower prevalence of hypertension than Arab American women.
- **Iranian Americans were more likely to have clinically diagnosed anxiety than Arab Americans.** Diagnosed depression was significantly high in both ethnic groups for women and men in the 65-84 age group. **Older Iranian American women had the highest burden of mental health issues.**



ABUELEZAM, N.N., EL-SAYED, A., GALEA, S. ET AL. UNDERSTANDING DIFFERENCES WITHIN ETHNIC GROUP DESIGNATION: COMPARING RISK FACTORS AND HEALTH INDICATORS BETWEEN IRANIAN AND ARAB AMERICANS IN NORTHERN CALIFORNIA. BMC PUBLIC HEALTH 21, 1074 (2021).

Source:  
<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-11121-z>

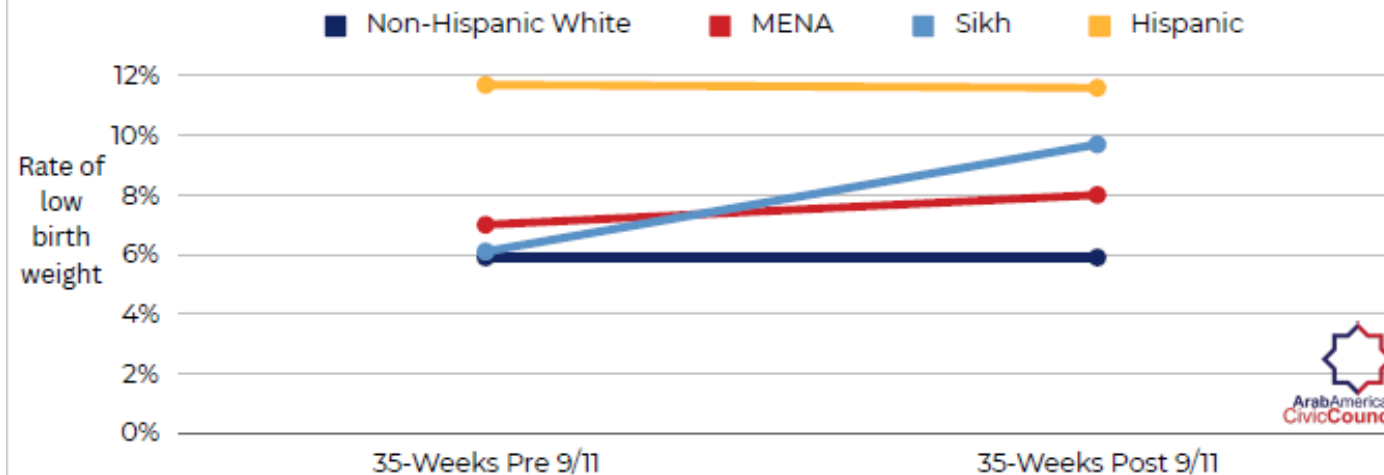


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## MENA Inclusion: Why it Matters

**A 2020 STUDY TOOK DATA FROM THE CALIFORNIA VITAL STATISTICS RECORDS AND MEASURED BIRTH WEIGHT RATES OF 14,227 MENA-NAMED MOTHERS FROM THE 37 WEEKS BEFORE 9/11 AND THE 37 WEEKS AFTER 9/11. THE STUDY FOUND:**

- Stress during 9/11 resulted in a spike in low birth weight rates for MENA and Sikh babies, which was not seen for other ethno-racial groups. Rates for low birth weight increased by 3% in the 37 weeks after September 11, 2011. Similar results were seen for Sikh populations, who are misperceived to be Muslim-adjacent.



BAKHTIARI E. HEALTH EFFECTS OF MUSLIM RACIALIZATION: EVIDENCE FROM BIRTH OUTCOMES IN CALIFORNIA BEFORE AND AFTER SEPTEMBER 11, 2001. SSM POPUL HEALTH. 2020 NOV 25;12:100703. DOI: 10.1016/j.ssmph.2020.100703. PMID: 33313375; PMCID: PMC7721634.

Source:  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7721634/>

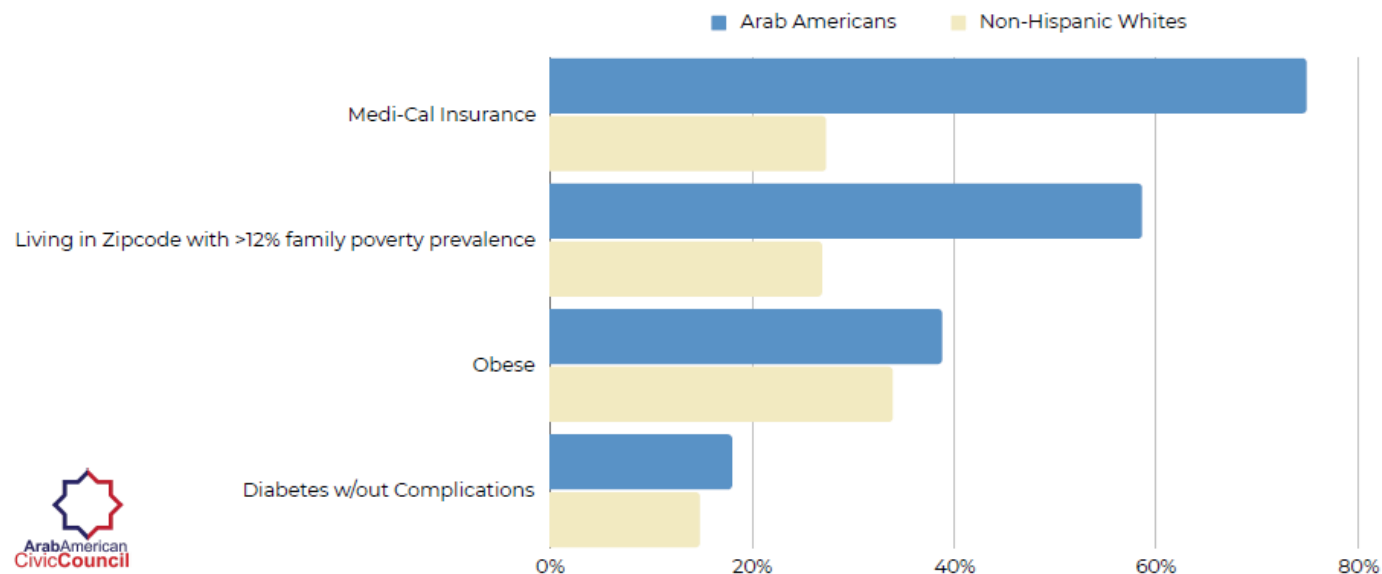


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## MENA Inclusion: Why it Matters

**A 2022 STUDY OF SHARP GROSSMONT HOSPITAL'S MEDICAL RECORDS FROM MARCH 1, 2020, TO JANUARY 31, 2021, FOUND:**

- Arab Americans in El Cajon **were more likely to be infected by COVID-19** than non-Hispanic Whites and non-Hispanic Blacks **but less likely to be admitted and die in the hospital**, suggesting Arab Americans have a possible protective and resiliency factor that may support their COVID-19 recovery.
- Arab Americans in this study were **59% likely** to be living in a zip code with a **greater than 12% family poverty rate**. Despite their geography, the study suggests that Arab Americans in El Cajon are **healthier** than other racial and ethnic minority groups due to their access to ethnic food and family structures.
- Arab Americans were **75% likely** to be on Medi-Cal or Medicaid.



Source:  
<https://pubmed.ncbi.nlm.nih.gov/35421208/>



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# Recent Advances for MENA Californians

- March 29, 2024: The Office of Management and Budget (OMB), which standardizes ethnic demographic categories for the Federal Government, approves of a distinct MENA ethnic category in the 2030 Census.
- April - May: Assemblymember **Bilal Essayli** authors **AB 2763**, the MENA Inclusion Act, which unanimously moves through two Policy Committees.
  - **Update May 2024:** Held in Submission as of 2024.
- May 2024: San Diego County Supervisor **Joel Andersson** submits a **Policy Recommendation** to include a MENA Category in SD County. It unanimously passed.



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# Opportunities for MENA Data Inclusion in CA

1. Engagement with community organizations who are MENA-led, MENA-serving, and/or MENA-founded to accurately capture the experiences of the community.
2. Local organizations and community members can assist their local health agencies to define the MENA population, especially in high-concentration areas such as Glendale or El Cajon.
3. Ensuring the engagement and communication with “minority in minority” community members, such as Assyrians, Yazidis, and others.
4. Possibly consider drafting extension programs similar to AB 2763, such as recognition in the Penal Code for incarcerated individuals and pilot health surveys that disaggregate community into different data points.



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Keep in Touch

Website: [www.countmenainca.org](http://www.countmenainca.org)

Amin Nash: [amin@aaciviccouncil.org](mailto:amin@aaciviccouncil.org)

Instagram:





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# Andrew Lee

Southeast Asia Resource Action Center



# SPD 15 Revisions' Impacts on Southeast Asian Americans (SEAA)

- Minimum Asian categories:
  - Asian Indian
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - **Vietnamese**
  - Another Group
- “Whenever possible” is both mandatory and discretionary. Opt-out process is a concern
- “Another Group” checkbox means the default standard only requires the collection of Vietnamese data and aggregates all other SEAA data under “Another Group”
- Agencies should use a write-in option in place of a “Another Group” checkbox to collect detailed SEAA data

# CA Asian American Data Disaggregation Laws

- CA has been one of a handful of states that require disaggregated data by race/ethnicity for Asian American groups beyond the federal standards
- This is still true with the SPD 15 revisions

CA State Code - 8310.5 Categories (2012)	State Code 8310.7 Categories* (2022)
<b>Asian</b> <ul style="list-style-type: none"><li>• Chinese</li><li>• Japanese</li><li>• Filipino</li><li>• Korean</li><li>• Vietnamese</li><li>• Asian Indian</li><li>• Laotian</li><li>• Cambodian</li></ul>	<b>Asian</b> <ul style="list-style-type: none"><li>• Bangladeshi</li><li>• Hmong</li><li>• Indonesian</li><li>• Malaysian</li><li>• Pakistani</li><li>• Sri Lankan</li><li>• Taiwanese</li><li>• Thai</li></ul>

- Many entities were slow to implement, wanting to wait on the revisions. AB 1726 is one of several requirements entities struggle to integrate

# How do SPD 15 revisions affect CA?

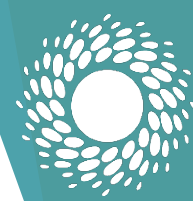
- No effects on SEAA categories - CA's 2012 law remains stronger across agencies and 2022 law remains much stronger for public health data
  - However, the revisions will help on federally-funded/-mandated state programs and should push broader standardization
- Big opportunity to continue advancing data equity in CA
  - New Dept. of Public Health data disaggregation workgroup can help problem-solve data challenges and develop best practices
  - However, many data laws lack enforcement mechanisms. Who is accountable, technical limitations, data systems/infrastructure issues should be addressed via coordinated efforts across demographics & communities



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# Christine Blake

California Health & Human Services Agency



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# Questions?

# Thank You for Joining Us!

- ▶ For additional questions, please contact us at:
  - ▶ [info@cpehn.org](mailto:info@cpehn.org)
- ▶ To learn more about CPEHN, visit our website:
  - ▶ <https://cpehn.org/>



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