



STATE OF WASHINGTON
WASHINGTON STATE BOARD OF HEALTH

PO Box 47990 • Olympia, Washington 98504-7990

April 26, 2023

U.S. Office of Management and Budget
725 17th St NW, Ste 50001
Washington, DC 20503

Subject: Comment on the Office of Management and Budget (OMB) Federal Interagency Technical Working Group of Race and Ethnicity Standards (Working Group) Statistical Policy Directive No. 15 (SPD 15)

The [Washington State Board of Health \(Board\)](#) appreciates the opportunity to submit comment on the OMB Working Group's initial proposals for revising federal race and ethnicity data collection and reporting standards (SPD 15).

It is the Board's firm position that disaggregating race and ethnicity data is instrumental for public health efforts to identify, prevent, and control diseases and conditions across communities in Washington. However, demographic data collection in Washington is currently decentralized and inconsistent, as agencies often must work within the parameters of outdated federal data standards. **Collecting race and ethnicity data in greater detail is essential to identifying and eliminating health equities, undoing systemic racism, and advancing equity within public health and the governmental system more broadly.**¹

Established by the Washington State Constitution in 1889, the Board monitors the public's health and serves as a public forum to inform health policy. The Board accomplishes this by making policy recommendations to improve and protect the public's health to the Legislature and Governor, engaging in policy and rule development, and conducting [health impact reviews](#). The Board is part of Washington's governmental public health system, which includes the Washington State Department of Health, 35 local health jurisdictions, sovereign Tribal Nations, and Indian health programs.² These entities work together to ensure that [Foundational Public Health Services](#) (FPHS) are available in every community across the state.

¹ Kauh TJ, Read JG, Scheitler AJ. The Critical Role of Racial/Ethnic Data Disaggregation for Health Equity. *Popul Res Policy Rev.* 2021;40(1):1-7. doi:10.1007/s11113-020-09631-6

² In Washington's governmental public health system, sovereign Tribal Nations and Indian health programs include 29 Tribal governments and two urban Indian health programs represented by the American Indian Health Commission (AIHC).

Disaggregated race and ethnicity data are essential to both the foundational programs and capabilities of Washington's Foundational Public Health Services. The governmental public health system needs disaggregated data to help conduct disease surveillance, identify, and address health inequities, respond to public health emergencies, prioritize resources for communities, and guide public health planning and decision-making at the state, regional, and local levels. These data also allow public health and governmental entities to provide more tailored, culturally relevant, linguistically appropriate, and effective services to communities. While the Board acknowledges that race and ethnicity are socio-political constructs, these data are fundamental to highlighting longstanding inequities within systems in Washington and their impacts on communities, particularly Black and Indigenous communities and communities of color.

As such, the Board issued a recommendation to the Governor's Office and Legislature through its biennial [State Health Report](#) aimed at improving public health's response to health inequities through data reform. One strategy the Board suggested included actively monitoring and participating in opportunities to advocate for improvements in federal standards for interoperability and disaggregated demographic data collection. In alignment with this strategy, the Board would like to state its support of the OMB's initial three proposals and provide comments regarding the OMB's request for implementation guidance.

The Board supports OMB's proposal 1, collecting race and ethnicity information using one combined question, as long as OMB includes detailed response options and respondents can select all categories that apply. Recently, the Board adopted revisions to its notifiable conditions rule, [chapter 246-101](#) of the Washington Administrative Code (WAC). This rule outlines the required information that health care providers, health care facilities, laboratories, and other entities must report to public health authorities with each case of a notifiable condition.³ As part of the recent revisions, the Board included the requirement for reporting patient-identified race, ethnicity, and preferred language based on community feedback. These new rules went into effect on January 1, 2023, and include 4 reporting categories for the patient's ethnicity (OMB standard plus "patient declined to respond" and "unknown"), 72 reporting categories for the patient's race (categories include and reaggregate to the OMB standard plus "other race", "patient declined to respond", and "unknown"), and 50 categories for the patient's preferred language.⁴

During the development of the rules, the Board received comments from community members regarding the need and urgency to collect demographic variables that more accurately reflect communities in Washington. In addition, community members inquired about the rationale for two separate race and ethnicity questions and why ethnicities and nationalities appeared under the race category reporting options in the Board's notifiable conditions rule. Creating a single, multiple-choice question would allow respondents to select options that more accurately reflect their race and ethnicity. **The Board recommends that OMB also update its race and ethnicity categories and definitions to include working definitions for nationality, heritage, and region.** These are overlapping concepts, and how people define these may vary based on their

³ A [notifiable condition](#) is a suspected or confirmed case of selected diseases or conditions that entities in Washington must legally report to public health authorities.

⁴ [WAC 246-101-011](#) Reporting of patient ethnicity, race, and preferred language information.

lived experiences. **The Board recommends OMB work with other federal agencies and community leaders to ensure clear and consistent definitions and build a shared understanding of these concepts.**

The Board supports OMB's proposal 2, adding Middle Eastern or North African (MENA) as a new minimum category. Expanding MENA as a new minimum category, distinct from "white," will provide more accurate and meaningful information about MENA communities in Washington. This proposal also aligns with requests from community members in Washington for agencies to collect more disaggregated data. Inadequate or inaccurate data collection erases and harms community groups most impacted by systemic racism and inequities.

The Board supports OMB's proposal 3 and would like to underscore the importance of collecting detailed race and ethnicity categories by default. Collecting and analyzing disaggregated data helps the governmental public health system identify and address health inequities and prioritize resources for communities. The COVID-19 pandemic exposed systemic and structural inequities in the healthcare and public health systems. The collection and use of disaggregated data was, and continues to be, vital to identifying impacted populations. In addition, incorporating qualitative data – stories or anecdotes from impacted communities – into data collection methods, whenever possible, is essential to understanding social and political determinants of health that impact communities. Together disaggregated data and qualitative data support effective public health responses, including partnering with communities on outreach, prevention, and access to care. Without these data, the public health system cannot effectively and equitably respond to a public health crisis.

OMB has the opportunity to require the collection of detailed data across federal, state, and local public health and governmental agencies. This will lead to more detailed and accurate race and ethnicity data, improving agencies' ability to identify and understand health disparities in their communities and their ability to evaluate efforts to remove barriers to care. **In future proposals, the Board recommends OMB consider collecting detailed demographic variables beyond traditional reporting and response options to include variables such as language spoken, housing status, veteran status, sexual orientation, disability status, etc.**

The Board supports the collection of self-reported, disaggregated race and ethnicity data and acknowledges that these data are only as good as the system's ability to receive and analyze them for meaningful use. The Board encourages OMB to review comments submitted by other Washington state agencies. Implementing the OMB's proposed changes in Washington will be a years-long and coordinated effort to ensure data system interoperability. While implementing changes will take time and financially impact agencies, these concerns should not overshadow the need for disaggregated data.

The Board thanks OMB for considering these comments and looks forward to continuing to participate in this work in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Keith Grellner', with a long horizontal flourish extending to the right.

Keith Grellner, Chair
Washington State Board of Health



STATE OF WASHINGTON
GOVERNOR'S INTERAGENCY COUNCIL ON HEALTH DISPARITIES

PO Box 47990 • Olympia, Washington 98504-7990

April 26, 2023

Office of Information and Regulatory Affairs,
Office of Management and Budget,
Executive Office of the President

Subject: Comment on Initial Proposals for Updating OMB's Race and Ethnicity Statistical Standards; Docket No. OMB-2023-0001 (88 FR 5375)

The Washington State Governor's Interagency Council on Health Disparities (Council) appreciates the opportunity to comment on initial proposals from the Federal Interagency Technical Working Group on Race and Ethnicity Standards (Working Group) for revising OMB's 1997 Statistical Policy Directive No. 15 (SPD 15).

The Council was created in 2006 to identify actions our state should take to eliminate health disparities and inequities, particularly those experienced by communities of color. In December 2020, WA State Governor Jay Inslee declared Washington an anti-racist state and committed the state to developing policies that “reflect our dedication toward disrupting the harmful systemic cycle of racism and inequity.”¹ The Council recognizes that racism—not race—causes health disparities and inequities in wellness. But a better awareness of data on race and ethnicity can help lead to a better understanding of the impacts of racism. Federal statistical standards influence how data is collected, analyzed, and reported at the state and local levels, thereby impacting Washington State's ability to address racism and promote health equity.

Consistent, transparent collection of detailed race and ethnicity data across all levels of government—local, state, and federal—can help advance equity, and advancing equity is key to helping all in Washington State gain opportunities to thrive. The Council recognizes that race is a sociopolitical concept and categorization has shifted based on the political convenience of dominating cultures and systems that center whiteness. The Council acknowledges that data collection approaches represent an evolving process and we support this openness to reassessing the process, which should happen more than once in a generation. We emphasize the importance of including communities—especially those most impacted by racism—in this process. We recognize that racism is ingrained in our country's history and deeply embedded in our institutions today, leading to inequities across all sectors and tangible impacts on life opportunities, outcomes, and experiences. Detailed race/ethnicity data, when collected consistently, transparently, and through self-identification, has the power to illuminate the effects of racism while respecting a person's autonomy and dignity.

¹ The Office of the Governor. “Inslee announces Washington's historic commitment to diversity, equity, and inclusion.” Accessed on 4/4/23 at: <https://www.governor.wa.gov/news-media/inslee-announces-washingtons-historic-commitment-diversity-equity-and-inclusion>.

The Council generally supports the Working Group’s proposal to require collection of detailed race and ethnicity data by default as long as implementation prioritizes and empowers personal autonomy. Over the past 17 years, the Council has consistently heard from communities and public and private sector partners that disaggregated race/ethnicity data are essential for identifying and addressing health inequities and evaluating the effectiveness of interventions. Lack of consistent and accurate data misses important information and erases and renders too many people in Washington State invisible. Inadequate data further harms groups who have been most impacted by racism and inequities. Community advocates have shared that they do not see themselves in data sets and find themselves left out of resource allocation. For example, many people from the Marshallese community have been displaced from their ancestral homes, suffer high rates of cancer, and face many barriers that prevent access to health insurance and services. Some community members feel completely unseen and unheard in the data when they are lumped into the broad “Asian” or “Pacific Islander” reporting category. This happens across the race/ethnicity data spectrum. Among other harms, this impedes their ability to apply for and receive grant funding to address inequities. Additionally, implementation of SPD 15 must uphold a person’s right to choose and not have an identity imposed upon them (e.g., observer identification), including the choice of whether or not to provide information.

Race/ethnicity data should accurately reflect identities that may shift over time. **The Council supports revisions to SPD 15 that:**

- **De-center whiteness.** We are concerned that Figure 2 in the federal register includes “white” as the first reporting category and suggest a different ordering, such as alphabetizing response options. We are also concerned that certain ethnicities/nationalities (e.g., French) are included within “white,” which falsely conflates national and cultural heritage with whiteness and reinforces white nationalist conceptions of belonging.
- **Provide a fuller story on the impacts of racism, colorism, and other forms of bias and discrimination.** We support including “Middle Eastern or North African” (MENA) as a new minimum reporting category that is distinct from “white.” We suggest continuing to engage diverse communities to understand the most representative term(s) for these populations. For example, some advocates consider “Middle Eastern” a colonial, Eurocentric, and politically harmful term and prefer the decolonial term “South West Asian and North African” (SWANA). We believe it is important to acknowledge that other groups from other, vast regions may also be concerned about being lumped together. We further recognize intersecting biases like colorism and religious persecution—to name just a couple—can harmfully alter individual experiences within these regional distinctions.
- **Reduce the amount of “unknown” and “some other race” responses as much as possible.** Currently, people with Hispanic ethnicity, people who do not identify with the five aggregate race reporting categories, and people identifying as Middle Eastern or North African may select “some other race” because they do not see themselves in the response options. Using a combined question and providing detailed response options, including open-ended options, can support more accurate, more self-empowering, and more representational reporting. People should always have the option not to respond, but omissions should never be due to the lack of choice.
- **Reflect migration histories, which play a large role in identity and experiences.** We support revisions that provide distinction between more recent immigration to the U.S. by African communities and people of African heritage whose families go back multiple generations and whose ancestors were brought here in chains. We encourage the Working Group to continue engaging communities and exploring the most appropriate term(s) to reflect American descendants of slavery/descendants of enslaved Americans, whose ancestors were forcibly taken to the U.S. and who still do not have the same opportunities to health, wealth, and wellbeing. We strongly believe community engagement in this area is essential to help build a more reflective and endorsed approach to data collection.

- **Respect and honor tribal sovereignty.** Erasure of American Indian and Alaska Native (AI/AN) peoples happens through various data methods (e.g., the failure to count AI/AN identity in combination with other racial/ethnic identities). “American Indian” and “Alaska Native” are political and legal statuses, distinct from a racial or ethnic group. Tribal sovereignty and inclusive engagement with Indigenous people who feel left out are critical to advancing our understanding of racism and our duty to our diverse communities. Tribal sovereignty involves tribes owning their stories and data. To respect tribal sovereignty, including data sovereignty, the Council encourages the Working Group to engage Tribes as sovereign nations and only collect data with their approval and guidance.

In addition to updating SPD 15, the Council encourages collection of information beyond race and ethnicity, including languages spoken, disability status, gender, sexual orientation, housing status (e.g., multigenerational households), etc. We also support the right of individuals to choose whether or not to share information. The Council recognizes that health outcomes are influenced by interrelated factors and the lack of multidimensional, nuanced, and accurate data results in misinformed and harmful policies. It is crucial to highlight a person’s or community’s lived experience. This information offers a fuller picture and complements race data, thus bringing meaning and life to the process.

Finally, the Health Disparities Council realizes how difficult it can be to fully implement new standards like this. We reiterate our feeling that it is imperative that proper attention be given to robust community engagement. We also believe that support be provided to the many places where these data will be collected. It is important to convey compassion for the challenge of changing practices, inclusiveness in the goals we share to serve our state better, and the commitment to assure this approach will reap benefits for everyone in Washington.

Sincerely,



Benjamin Danielson, Chair
WA State Governor’s Interagency Council on Health Disparities



STATE OF WASHINGTON
— OFFICE OF GOVERNOR JAY INSLEE —

April 27, 2023

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

Subject: Comment on Initial Proposals for Updating OMB's Race and Ethnicity Statistical Standards; Docket No. OMB-2023-0001 (88 FR 5375)

Dear Chairperson Sivinski:

I am writing to urge you to update the Office of Management and Budget's 1997 Race and Ethnicity Statistical Policy Directive No. 15 (SPD 15).

It is imperative that local, state and federal entities act to eliminate health, economic, and educational disparities, many of which impact communities of color, by strengthening data collection, analysis, and reporting on race and ethnicity. The Working Group has the opportunity to revise standards that will not only address disparities and inequities but also shed light on their main driver – structural racism. An update to SPD 15 will in turn help states, like Washington, address racism to better advance equity by ensuring that more Washingtonians feel seen in data sets, are heard, and are able to thrive. Ensuring trust and transparency, while also respecting a person's autonomy, when collecting more detailed data is critical to ensuring that information on disparities is not missed or assumed non-existent.

I support SPD 15's proposal that requires collection of detailed race and ethnicity data by default, if implementation prioritizes and empowers the personal autonomy of those giving the data. History, as recent as the COVID-19 pandemic, has taught us the harms of imposing perspectives and identities on different groups of people and putting people in broad boxes and categories. Excluding the cultural and social backgrounds, national origin or heritage of people willfully ignores the nuances of diversity, identity, and experiences. Such practices lead to inaccuracies and undercounts in data, hinders access to critical resources, including grants and social services funding, and exasperates cycles of generational poverty and disparities among communities.

Chairperson Sivinski

April 27, 2023

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It is important that revisions to SPD 15 reflect our current time and awareness of diversity, disparities, and inequities. Any future revisions to SPD 15 should be upgraded to reflect identities and terminologies that may shift over time. It is equally important that the Working Group moves towards including communities that feel left out or may disagree with the current reporting terms used. I encourage the Working Group to closely examine terminology, alphabetize response options for race/ethnicity (to eliminate any notion of hierarchy), and to de-center whiteness from nationality.

For example, the proposed revisions in SPD 15 that include “Middle Eastern or North African” (MENA) as a new minimum reporting category de-centers whiteness and will tell a fuller story of the structural disparities that people who may identify as Algerian, Syrian, or Iraqi, etc. face. Likewise, revisions that also include incorporating migration histories that distinguish between more recent immigration, for example, by African communities and the people of African heritage who are the descendants of enslaved Americans also needs to be addressed and revised. I urge the Working Group to engage more with Tribal Nations and seek their guidance on which specific data is appropriate to collect. Tribes should be recognized as sovereign nations and utmost diligence must be made to ensure that Indigenous peoples are not left out in datasets and reporting. It is critically important that the Working Group engages with all communities to help reveal similarities and differences in disparities of health, wealth, and wellbeing.

Lastly, I also encourage the Working Group to ensure that revisions to SPD 15 allow for choice – people must not feel pressured to provide information on their race and/or ethnicity if they do not want to. It would be imperative that SPD 15 revisions help to reduce responses to “some other race” or “unknown” category for individuals who do not see themselves in response options but want to provide more representational reporting that accurately depicts their race/ethnicity. These are personal decisions that individuals should make themselves.

In Washington state, my administration is working hard to disrupt harmful cycles of structural racism, disparities, and inequities. I appreciate OMB’s commitment to establishing race/ethnicity statistical standards that are more inclusive and representative of the diverse tapestry of our nation.

Very truly yours,

A handwritten signature in black ink, appearing to read "Jay Inslee". The signature is fluid and cursive, with a large initial "J" and "I".

Jay Inslee
Governor



April 25, 2023

Office of Information and Regulatory Affairs
Office of Management and Budget
Executive Office of the President

Subject: Public Comment Submission, Docket No. OMB-2023-0001 (88 FR 5375): Initial Proposals for Updating OMB's Race and Ethnicity Statistical Standards

The Washington Health Benefit Exchange (Exchange) appreciates the opportunity to submit comment on the notice and request for comments on initial proposals from the Federal Interagency Technical Working Group on Race and Ethnicity Standards (Working Group) for revising OMB's 1997 Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity (SPD 15). The Exchange supports the Working Group's evidence-based, iterative efforts to update and further disaggregate race and ethnicity data collection standards, which will have cascading effects on the collection of race and ethnicity data at the state level.

The Exchange is Washington's state-based health insurance marketplace where more than one in four Washingtonians access health coverage and available financial assistance. The iterative data disaggregation efforts being explored at the federal level are aligned with the [Exchange's mission](#), the [equity statement](#) our bipartisan Board adopted in 2018, and collaborative efforts being further explored at the state level.

The Exchange supports data disaggregation and using a combined race/ethnicity question to accurately capture respondents' self-conception of identity and support more representational reporting. Disaggregation of race/ethnicity data is foundational to identifying and understanding the impacts of racism and root causes of health inequities. The Exchange is committed to increasing access to high-quality, affordable health coverage. Having a better understanding of Washington's diverse communities allows us to better tailor culturally and linguistically appropriate outreach to connect individuals and families to care.

The Exchange encourages the Working Group to continue engaging communities most impacted by racism to ensure they are seen and heard in data collected by federal and state institutions. Exchange customers have reported that community mistrust of government websites and limited understanding of how reported demographic data will be used are barriers to providing detailed, personal information. We recommend that implementation guidance address how personal information will be collected, used, shared (if applicable) and protected to facilitate community trust. The Working Group is also encouraged to address how any standards that are developed will be assessed and continually improved based on feedback from impacted community members and implementation partners at the state and local levels.

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The Exchange shares implementation concerns raised by the Robert Wood Johnson Foundation’s State Health & Value Strategies program (SHVS)¹ as it relates to cross program and agency alignment.

Discrepancies between data fields used by states and health plan carriers and the data fields used in federally standardized templates may result in enrollment transaction failures. The Working Group is encouraged to consider state-specific considerations, and additional resources and flexibilities that may be needed, to ensure alignment across federal and state technology platforms. The Exchange also recommends continued engagement of state-level implementation partners to help address technical considerations related to interoperability and data security and privacy. The Exchange, and our Health Equity Technical Advisory Committee, are available to provide technical feedback as desired.

Thank you for the opportunity to provide feedback. We look forward to continued dialogue on this important topic.

Sincerely,



Ingrid Ulrey
Chief Executive Officer
Washington Health Benefit Exchange

Cc: Leah Hole-Marshall, Exchange General Counsel and Chief Strategist
Christine Gibert, Exchange Policy Director

¹ Proposed Changes to Federal Standards for Collecting Race and Ethnicity – Summary and Considerations, March 22, 2023: <https://www.shvs.org/proposed-changes-to-federal-standards-for-collecting-race-and-ethnicity-summary-and-considerations/>

RE: OMB-2023-0001 Race and Ethnicity Statistical Standards

The Educational Opportunity Gap Oversight and Accountability Committee submits this public comment in response to OMB-2023-0001 (88 FR 5375) Initial Proposals for Updating OMB's Race and Ethnicity Statistical Standards

Background

The Educational Opportunity Gap Oversight and Accountability Committee ([EOGOAC](#)) is a bicameral and bipartisan statutory committee authorized by Washington State [RCW 28A.300.136](#). For more than ten years, the EOGOAC has recommended policies and strategies to close opportunity gaps for students of color in Washington public schools, including in the area of “[i]dentifying data elements and systems needed to monitor progress in closing the gap.”¹ Recommendations in this area have focused primarily on the collection and use of disaggregated student sub-ethnic and sub-racial categorical data.

In 2016, Washington State HB 1541 (2015-16) “Implementing strategies to close the educational opportunity gap, based on the recommendations of the educational opportunity gap oversight and accountability committee” created the Race Ethnicity Student Data Task Force ([RESDT](#)) to review the United States Department of Education 2007 race and ethnicity reporting guidelines and develop race and ethnicity guidance for the state.² This work resulted in the [Race and Ethnicity Student Data Task Force 2017 Report](#) and [Race and Ethnicity Student Data Task Force Guidance for the Washington State Public Education System](#), as well as the phased roll-out of collection of disaggregated student sub-racial and sub-ethnic data. The EOGOAC draws heavily from the work of the RESDT and the collection of disaggregated student race/ethnicity data in Washington to inform this public comment.

Public Comment – EOGOAC Recommendations to OMB

1. Collect race and ethnicity information using one combined question.

The EOGOAC supports the combined race/ethnicity question approach. The EOGOAC has found that the two-part question is confusing, leads to inconsistencies in guidance and reporting and does not honor how individuals see themselves. However, a combined question must be clear that selections include both race and ethnicity and that multiple selections are always permissible. For example, individuals who select Latino/a/x as their ethnicity must be able to select a race option as well.

2. Add “Middle Eastern or North African” (MENA) as a new minimum category and remove MENA from “White” reporting category.

The EOGOAC supports the separation of MENA as a new minimum category and removal from the “white” reporting category. In 2017, the RESDT recommended that the task force be reconvened to consider “how to include the Middle Eastern and North African (MENA) category on future student race and ethnicity surveys, based on the federal government’s decision whether

¹ Washington State Legislature. (2016). *RCW 28A.300.136 Educational opportunity gap oversight and accountability committee—Policy and strategy recommendations*. <https://app.leg.wa.gov/rcw/default.aspx?cite=28A.300.136>

² House Bill 1541 Implementing strategies to close the educational opportunity gap, based on the recommendations of the educational opportunity gap oversight and accountability committee. (2015-16) <https://app.leg.wa.gov/billssummary?BillNumber=1541&Initiative=false&Year=2015>

to include MENA as a distinct category in the U.S. census” (p. 13).³ The RESDT recognized that the current system of classification of “Middle Eastern” as “white” is inappropriate and can only be fixed at the federal level. The EOGOAC also recognizes that the term “Middle Eastern” was promoted as a political term following 9-11 and that “Southwest Asian and North African (SWANA)” may be more culturally and geographically accurate and encourages the OMB to further explore terminology options to select the option preferred by the community.

3. Feedback on Proposed Definitions and Terminology

- The EOGOAC recommends that the category of “Hispanic or Latino” be displayed as “Latino/a/x” to include both gender forms of the term and to discontinue the use of the term “Hispanic” due to its outdated, colonial context. The reference to “Spanish origin” should also be removed from the definition and the example of “Chicana/o/x” added as an identifier for many in the U.S. and some who predate Mexico.
- The category of American Indian or Alaska Native should be specified to include both federally and non-federally recognized tribes, although the EOGOAC acknowledges that “federally recognized” is in itself a biased term. Additionally, guidance should specify as to whether nations listed as selection options should be specific to the local area of data collection. The Washington State K-12 data collection includes 29 Washington specific tribal groups.
- In reference to question 3a. “Is the example design seen in Figure 1 inclusive such that all individuals are represented?”
 - The EOGOAC believes that comprehensive representation of all racial and ethnic identities within the US on one form or survey is not possible; however the focus should be on ensuring respect, self-identification, and a focus on equity.
- The EOGOAC noted that no Central or South American ethnicities are represented in the “Black or African” definition. While these can be written in, omission of this region may cause confusion and under-identification. This should be updated to reflect current immigration patterns and include examples such as Brazilian and Panamanian.
- The “White” category examples should include nationality groups representing current trends in immigration and population changes. An example of this would be to disaggregate “Slavic” to specify “Ukrainian” to capture current immigration patterns. Additionally, “Spanish” should be included as an example to further differentiate from the category of “Latino/a/x” as a specific region.

4. Feedback on Implementation Guidance

- In response to question 3e. “Is it appropriate for agencies to collect detailed data even though those data may not be published or may require combining multiple years of data due to small sample sizes?”:
 - Yes, the EOGOAC strongly believes that the process of collecting disaggregated data and seeing oneself reflected in the collection categories is just as important

³ Race and Ethnicity Student Data Task Force. (2017). *Report to the Legislature, the Office of Superintendent of Public Instruction, and the Governor.*

<https://www.k12.wa.us/sites/default/files/public/workgroups/ret/pubdocs/resdtaskforce2017report.pdf>

as reporting to a sense of belonging. Agencies need to clearly communicate how protections for privacy in cases of small sample sizes will impact public reporting and internal government data use.

- In response to question 3g. “Is the current “default” structure of the recommendation appropriate? Should SPD-15 pursue a more voluntary approach to the collection of disaggregated data, as opposed to having a default of collecting such data unless certain conditions are met?”:
 - No, it is not an overreach, and the “default” structure is appropriate. The roll out of disaggregated race/ethnicity data collection in Washington K-12 has shown the difficulties caused when there is non-conformity in data collection across agencies and sectors. While the additional data is useful to K-12, without standardization across different sectors outside of the K-12 system, it is difficult to look at how issues such as healthcare, housing, and child welfare affect racial groups. Clear guidance from the Federal level is necessary to ensure cross-sector conformity and usability.
- In response to question 4a. “What term (maybe “transnational”) should be used to describe people who identify with groups that cross national borders (e.g. Hmong, Roma)?”:
 - The EOGOAC feels that “transnational” is a geopolitical term that needs additional context to be understandable. Additionally, while groups that cross national borders have that in common, they should not be grouped together for reporting purposes.
 - Another example that the EOGOAC asks the OMB to consider is that of federally recognized tribes which have traditional unceded lands that cross multiple states as well as cross national boundaries.
- In response to question 4b. “Do you prefer a different question from “what is your race or ethnicity?””:
 - The EOGOAC believes that the question “How do you identify?” may not be taken seriously and result in unusable write-in responses. Additionally, the EOGOAC prefers the use of “and/or” rather than the slash between race and ethnicity.
- In response to questions 5d. “How should race and ethnicity be collected when some method other than respondent self-identification is necessary?” and 5e. “What guidance should be provided for the collection and reporting of race and ethnicity data in situations where self-identification is unavailable?”:
 - The EOGOAC concurs with the guidance of the [RESDT](#) that:
 - observer identification should be used only as a last resort;
 - individuals should be notified that observer identification may be used;
 - observer identification should be flagged in the system and monitored;
 - training should be provided to those conducting observer identification.
 - Observer identification should only be used at the minimum category level and not be based on last name.
- Regarding guidance on the example data collection:

- Guidance needs to be clear on whether the layout including subcategories should be modified for the target population. The example layout includes the U.S. top 6 nationality groups under each race/ethnicity. Should these be updated for a statewide or local community level? The guidance is not clear.
- In the current example layout, the one write-in box may lead to errors. An individual may limit their response to one item or write in several items which are difficult to analyze. The write-in option should include multiple spaces with the direction to include one per space.

Conclusion

In summary, the EOGOAC is broadly supportive of these proposed changes. During its work on this topic, the EOGOAC has consistently emphasized that data collection structure and guidance should be focused not on what will be the easiest for the system but on the goal of identifying needs and disparities for our communities and make improvements to the system and delivery of services. Data collection drives distribution of resources and has historically been used to both include and exclude certain communities.

That is why community feedback, specifically from those communities which have been historically marginalized, is so important and we urge you to seek out and listen to those voices. The EOGOAC solicits community feedback in part by working in partnership with the state ethnic commissions and the Governor's Office of Indian Affairs, which serve as trusted messengers in hard-to-reach communities. OMB could work with similar groups at the federal level, such as the White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders, to reach out broadly to community members.