

THREADS IN THE HUMAN TAPESTRY

***The Disaggregation of the API Identifier and the
Importance of Having the NHOPI (Native Hawaiian and Other Pacific Islander)
Category in Data Collection, Analysis, and Reporting***

**PAPA OLA LŌKAHI
Honolulu, Hawai'i**

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Summary

Since its inception, the United States government has never been consistent in determining who it is identifying or how it is identifying its nation of people. In 1976, the Executive Office of Management and Budget (OMB) created for the first time racial and ethnic categories for federal data collection and reporting; one of which was “Asian and Pacific Islander,” or “API.” This aggregated identifier brought together in one category multiple populations. In 1997, OMB split this API aggregation into two distinct groups; those of Asian descent (A) and those of Native Hawaiian and other Pacific Islander decent (NHOPi).

The major reasons for disaggregation were:

- (1) The need for identifying health disparities and issues within Native Hawaiian and Pacific Islander populations apart from Asian populations within the United States, and
- (2) The need for recognizing and protecting the unique relationship and political status that Native Hawaiians and certain Other Pacific Islanders have with the United States.

Today, the implementation of this policy continues, sometimes with difficulty, both within the federal government and with private sector organizations and institutions which undertake and report on research involving populations within the United States. The former API category has continued to be used along with a newer “AAPI” (Asian American/Pacific Islander) identifier, yet neither category is recognized by OMB as an appropriate federal definer of a class of people or a racial grouping. The negative impacts of continued use of an API category are considerable both for Asian and for Native Hawaiian and other Pacific Islander populations.

Background

Historically, the reporting standards of racial and/or ethnic populations in the United States have never been constant nor have they been consistent yet, they have always reflected the political realities of the period. At the same time, this reporting has been essential for policymakers, statisticians, scholars, and the general public as all treat racial data as important basic facts, and as raw material for socioeconomic analysis and for the development of public policy.

In 1976, OMB established for the first time federal standards for the collection and reporting of racial and ethnic data through its issuance of “Statistical Policy Directive No. 15: Race and Ethnic Standards for Federal Statistics and Administrative Reporting.” OMB was formerly the Bureau of the Budget and was established in the Executive Office of the President in 1939. Today, it “evaluates, formulates, and coordinates management procedures and program objectives within and among federal departments and agencies. It also controls the administration of the federal budget, while routinely providing the President with recommendations regarding budget proposals and relevant legislative enactments.”

In explaining the need for consistency and standards for the collection and reporting of racial and ethnic data in its 1976 Directive No. 15, OMB noted:

The United States Government has long collected statistics on race and ethnicity. Such data have been used to monitor changes in the social, demographic, health, and economic characteristics of various groups in our population. Federal data collections, through censuses, surveys, and administrative records, have provided an historical record of the Nation’s population diversity and its changing social attitudes, health status, and policy concerns.

What needs to be added to this statement is that there are definite federal budget implications associated with how well or how poorly specific groups or populations are doing in terms of perceived American ‘norms’ built upon the gathering of statistics and data; and that there are important political ramifications to data collection stemming from the setting of Congressional districts and resulting representation to fulfilling treaty and other agreements made with domestic and foreign governments and with its own Indigenous peoples. In all instances, it can be said that federal data collection and reporting has been and continues to be tied to appropriation allocations and to developing and implementing federal socio-economic policies and law-making for its citizenry.

Populations in the US Fabric:

The United States prides itself as a multi-racial nation. It has been estimated that there are over 50 distinct racial and/or sub-racial and ethnic groups resident in the country. The dilemma for federal statisticians is how to count them.

The US census has been the primary “tool” for counting people since its inception in 1790. While it always has been one based on race and racial categories, it has gone through a number of enumerations based upon the larger trends in the country at the time. Further, it has only been since 1960 that individuals have self-identified in the census. Before that, enumerators determined a person’s race by visual observation. While racial identifications have always been a part of the

census, the last fifty years have been shaped by civil rights legislation, the implementation of OMB Statistical Policy Directive No. 15 and its 1997 revision, and the lobbying efforts of organized groups.

In addition to the census, other data sources have been developed over time by the United States, primarily to measure specific indicators usually related to socio-economic status. These tools have been especially helpful in terms of measuring advancements, or non-advancements, resulting from civil rights legislation and other federal laws and policies. Over the past twenty years, such studies have been particularly useful in defining health disparities and deficiencies in educational resources among different racial groups within the United States.

In recent times, a major dilemma for federal statisticians has been on how best to define the multitudes of racial groups and ethnicities resident in the United States. In 1977, OMB issued its Statistical Policy Directive No. 15 which established standards for data collection and identified the major racial categories for data collection, analysis, and reporting: American Indian/Alaska Native, Asian or Pacific Islander, Black, Hispanic, and White.

Twenty years later, in 1997, OMB revised these categories to include American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, Afro-American or Black, Hispanic/Latino, and White and allowed the various federal agencies five years to implement any changes needed to implement this revision. While many have complied, implementation to date is not complete.

Indigenous Peoples and the United States:

Another force for data collection, analysis, and reporting has been at work in the United States. The federal government always has maintained a unique and special relationship with its indigenous peoples. Over the past twenty-five years, this relationship has become more focused and important as a result of a growing body of international law and the work of the United Nations focusing on Indigenous peoples' issues and concerns.

Federal data collection on American Indians has ebbed and flowed throughout time depending upon the political realities of the federal relationship. Prior to the 1860 census, American Indians who retained their tribal affiliations were not counted in the census as they were not considered American citizens. This changed with the 1870 census when some American Indians were counted; however, American citizenship for American Indians was not attained universally until 1924. Today, there are 561 federally-recognized American Indian tribes and Alaska Native Villages, but more than half of

the American Indian/Alaska Native population lives outside of these tribal areas (64%). The total American Indian/Alaska Native population in the 2000 census was 4.3 million people or 1.5% of the total US population. The unique relationship between the federal government and its American Indian peoples is one of the corner stones of federal policy. And, while various administrations have attempted to redefine that relationship, the basic tenants remain strong and an integral part of the American tapestry. Other Indigenous peoples, also, have been subsumed within the American political framework.

Alaska Natives first came under American dominance in 1867 when Alaska was purchased from Russia for \$7.2 million. Their unique political status, however, was not clearly established until the passage of the Alaska Native Claims Settlement Act (ANCSA) in 1971 when their rights as Indigenous peoples were formally recognized by the United States. Four distinct peoples are part of the "Alaska Native" definition: Alaska Athabascan, Aleut, Eskimo, and Tlingit-Haida.

Samoans from the islands of Tutuila, Manu`a, Rose Atoll, and Swains Island were brought into the American fabric in 1900 and 1905 respectively. The United States occupied these islands as a result of the Treaty of Berlin signed with Germany in 1899. Germany retained control of the Samoan Islands of Savai`i and Upolu, known as German Samoa, until 1918, the end of World War I. At the conclusion of the war, the New Zealand government received these islands and retained control of them until 1962 when it turned them over to a newly created Samoan nation. Today Samoa, consisting of Sava`i and Upolu, is an independent nation while the islands of Tutuila, Manu`a, Rose, and Swain remain the territory of American Samoa. The residents of these islands are American nationals, not citizens, but are considered Indigenous peoples within the American fabric and are part of the 'Native American Pacific Islander' definition.

The Indigenous peoples of Guam and the Mariana Islands, Chamoro, live on numerous islands scattered across the Western Pacific. At the conclusion of World War II, this entire area either came under the control of the United States as part of a United Nations (UN) trusteeship or as a result of conquest. Guam came back into the American sphere as a result of it being taken back by American forces from the Japanese in 1944. The other Micronesian Islands under the UN trusteeship officially came to an end as different political states and nations emerged including the Commonwealth of the Northern Mariana Islands in 1978, the Republic of the Marshall Islands and the Federated States of Micronesia in 1979, and the Republic of Belau in 1981. With the exception of Guam which today is an American territory and the Northern Mariana Islands which are part of an American Commonwealth, the others are all Associated States of the United States. An "Associated State" is a partner in a formal, free relationship between a political territory with a degree of statehood and another nation. All such states either are independent or have the potential right to independence. Thus while Chamorro living in these states today have special standing as a result of the Compact of Free Association which defines the

relationship between the United States and the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Belau, the term 'Native American Pacific Islander' is applicable only to those Chamorro from Guam and the Commonwealth of the Northern Mariana Islands.

Native Hawaiians became American nationals in 1898 when Hawai'i was annexed by the United States. While it is unclear how Alaska Natives, American Samoans, and Chamorro felt about becoming "American" when their respective lands became part of the United States, it is clear that the vast majority of Native Hawaiians had no desire to become part of an American nation. Petitions were sent to the United States Senate signed by more than 98% of the then Native Hawaiian population against Annexation. Despite this protest, annexation occurred and Hawai'i became a United States territory in 1900. Most of Hawai'i's residents, including Native Hawaiians, did not achieve full American citizen rights until 1958 when Hawai'i became a state. Today, Native Hawaiians are defined in federal law as individuals "any of whose ancestors were natives of the area which consists of the Hawaiian Islands prior to 1778," and they are the largest NHOPI sub-population with representation found in all fifty states.

In 1974, as recognition of unique political status, the United States Congress passed the Native American Programs Act of 1974 (P.L. 93-644) which for the first time defined American Indians, Alaska Natives, and Native Hawaiians as "Native Americans" on the basis of being Indigenous peoples of states in the United States. While other federal laws had been previously passed identifying Native Hawaiians as having a special status within the population, this marked the first time all three peoples were identified as being "Native Americans." This term continues today to be an identifier joining all three populations, though it is not universally accepted nor used by the three populations themselves. To further add to the confusion, often health researchers publishing their reports use this term to apply only to American Indian/Alaska Native populations. However, at the other end of the spectrum a number of Universities with 'Native American' programs, include in those programs Native Hawaiians. In short, there is not a consistent or universally understood definition of this term.

Additionally, the Native American Programs Act has been amended to include recognition of the fact that other Pacific Island peoples have a special relationship with the United States. The term "Native American Pacific Islander" has been adopted by the act and is defined as "an individual who is indigenous to a United States territory or possessions located in the Pacific Ocean, and includes such individual while residing in the United States." (42 USC 2992c)

In recognition of the special and unique relationships which all of these Indigenous populations have with the federal government, The Secretary of Health and Human Services has identified all of these groups as having “standing” for consultation within the Department of Health and Human Services.

It is the convergence of these two elements, the collection, analysis, and reporting of racial demographics within the United States to enable the identification of where federal resources can best be used to address racial disparities, with the on-going responsibilities of the United States to its Indigenous peoples as defined in treaties, international law, and historical circumstance, that pose on-going challenges for developing working relationships within and between the different racial populations and Indigenous peoples in the United States as sometimes they are one in the same and on other occasions they are not. While this can fractionate the racial population and Indigenous Peoples discussion, it can also bring together divergent strengths to focus on common problems resulting in shared solutions.

OMB 15 and the API Identifier:

The 1980 U.S. Census brought data on Asian and Pacific Islander populations together for the first time under OMB’s then newly defined API category. To understand why, it is important to realize the times in which this decision was made. A number of Congressional initiatives beginning in the early 1960s in response to abuses in civil rights required that there be monitoring and enforcing of civil rights laws. These legislatively based priorities created the need among Federal agencies for compatible, non-duplicative data on population groups that historically had suffered discrimination on the basis of their race or ethnicity. This requirement was largely responsible for the federal government’s need to measure the degree and impacts of perceived civil rights abuses. Many Asian communities had joined with Afro-American communities in supporting numerous civil rights initiatives during the latter 1960s and 1970s. Distinct positive benefits were associated with racial categorization and so many Asian American organizations lobbied for an Asian identifier. Additionally, in an effort to be as inclusive as possible, Asian leaders embraced the inclusion of Pacific Islanders for in many communities such as in Hawai`i, Asians and Pacific Islanders had long lived together and the numbers of Pacific Islanders were viewed as too small to ‘stand alone’ in the eyes of federal administrators.

OMB’s Statistical Directive No. 15 had its beginning more than twelve years earlier in 1964 when the Federal Interagency Committee on Education (FICE) was created by Executive Order as part of an effort to improve educational coordination for Chicanos, Puerto Ricans, and American Indians. As time passed, it became clear that common definitions for racial and ethnic groups were necessary if comprehensive data was to be meaningful.

In June 1974, FICE created the Ad Hoc Committee on Racial and Ethnic Definitions which continued to review how best to collect and report on racial and ethnic data. After completing its work OMB working with the General Accounting Office (GAO) established the Ad Hoc Committee on Racial/Ethnic Categories (AHCREC) which continued to work with the federal agencies in standardizing racial and ethnic data. On June 16, 1976, P.L. 94-311 (Economic and Social Statistics for Americans of Spanish Origin) was passed by the U.S. Congress. The statute called for the “collection, analysis, and publication of economic and social statistics on persons of Spanish origin and descent.” This added to the urgency to identify how best to collect and report on racial and ethnic data

Utilizing the earlier work of the FICE, OMB worked with the AHCREC to develop a number of definitions given statutory requirements for data reporting. After review, OMB then issued its Statistical Policy Directive No. 15 which for the first time mandated standards governing all statistical reporting by all federal agencies, including the Census Bureau. These initial categories included:

1. American Indian or Alaska Native – A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliations or community recognition.
2. Asian or Pacific Islander – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
3. Black – A person having origins in any of the black racial groups of Africa.
4. Hispanic – A person of Mexican, Puerto Rican, Cuban, Central or South American or Spanish culture or origin, regardless of race.
5. White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

While the new directive received a great deal of support from many of the identified groups, a number of organizations representing Native Hawaiians found the new identifier troubling. It was not consistent with then political efforts in the Native Hawaiian community in Hawai'i to align with American Indian and Alaska Native groups as “Native Americans.”

However, at about the same time a number of primarily Asian groups and organizations on the continental United States were formed which included Pacific Islanders within their purview as this was seen as a natural alliance. Some of these organizations and institutions included the Asian Pacific Islander American Health Forum (APIAHF), Association of Asian Pacific Community Health Organizations (AAPCHO), Asian Americans and Pacific Islanders in Philanthropy (AAPIP), and the Asian and Pacific Islander Caucus of the American Public Health Association. Native Hawaiian groups as well as “multi-racial” groups continued to raise concerns about OMB’s identifiers.

A formal review of OMB’s Directive No. 15 began in 1993 when Rep. Thomas C. Sawyer, Chairman of the House Subcommittee on Census, statistics, and Postal Personnel, held a series of hearings focusing on the Directive and the collection of racial and ethnic data. Public concern about the Directive’s ability to represent and/or identify all Americans adequately was raised during the hearings. At the hearings, OMB announced that it would undertake a comprehensive review of the racial categories that it had identified in 1976.

In February 1994, at the request of OMB, the National Academy of Sciences’ Committee on National Statistics conducted a comprehensive workshop discussing issues surrounding Directive No. 15. The workshop directly addressed the lack of any category recognizing a multi-race scenario as well as the issue Native Hawaiians continued to voice about being an Indigenous Peoples. The report of the workshop was printed in the Federal Register on June 9, 1994. It noted:

Native Hawaiians are currently categorized as Asian and Pacific Islanders in Directive 15, but the State of Hawaii has its own special race and ethnicity reporting formats because of its demographic composition. A suggested change in the directive by some native Hawaiian groups is to reclassify native Hawaiians with American Indians or as a separate subcategory along with American Indians under a “native peoples” category. The argument is that native Hawaiians have more in common with American Indians because of their identity as “original peoples of acquired American lands” than they do with the people who immigrate from the Asian continent...

Inclusion of native Hawaiians, and possibly other Pacific Island peoples, in a larger category or original peoples of American lands, labeled perhaps “indigenous or native peoples” is an example of a potentially new pan-ethnic grouping.

This was one of the first public references to forming a new racial category combining Native Hawaiians with Pacific Islanders. A number of final recommendations to OMB were made by the workshop participants; one of which was:

Among the minor revisions proposed is to report native Hawaiians in a “native peoples” or “indigenous peoples” category, along with American Indians and Alaska Natives. Such a reporting scheme would also require a change in the questions to include one for native Hawaiians.

In March, 1994, OMB established the Interagency Committee for the Review of Racial and Ethnic Standards (ICRRES) which was tasked with providing additional recommendations on racial and ethnic reporting. Notice of this review appeared in the Federal Register on June 9, 1994. Hearings and public comment were encouraged by OMB, and in August 1995, it issued an "Interim Notice of Review and Possible Revision" of its Statistical Policy Directive 15 which included a summary of the comments received to its June 1994 notice. In its 'Summary,' the notice identified 6 major issues; one of which was "What should the specific data collection and presentation categories be?" A number of points of view were expressed as it related to Directive 15 identifiers. The report noted:

Asian or Pacific Islander (suggestions include having three separate categories, one for Asians, one for Pacific Islanders, and one for Native Hawaiians; adding a new category for original peoples of acquired American lands ("Indigenous populations") that would include American Indians, Alaska Natives, Native Hawaiians, and native American Samoans and Guamanians; and specifying major nationality groups).

American Indian or Alaska Native (suggestions include retaining the category with no change; expanding the definition of the category to include the Native Hawaiians and the indigenous populations of American Samoa and Guam, and alternative wording for the category name).

On May 22, 1997, the United States Senate, Subcommittee on Government Management, Information and Technology and the House Committee on Government Reform and Oversight held a joint hearing on OMB's statistical policy and its Directive 15. While federal agencies generally spoke in favor of keeping the status quo, Hawaii's Senator Daniel K. Akaka strongly dissented and noted in his testimony entitled "Stand up and Sound off":

...In 1993 Congressional and 1994 OMB hearings, I proposed to reclassify Native Hawaiians in the same category as American Indians and Alaska Natives rather than the Asian or Pacific Islander category...I am further convinced that federal officials have yet to recognize the gross disparities of Native Hawaiian statistics in the Asian or Pacific Islander category.

...it is argued by federal officials that my proposal would likely disrupt their ability to monitor trends or skew the statistics in the affected populations. I find such statements baffling and misguided. Any disruption of either the Asian or Pacific Islander or American Indian and Alaska Native category is negligible compared to the benefits which federal officials will accrue to being able to fairly assess the native Hawaiian community...

If one simply looks at health statistics...Native Hawaiians are more comparable to American Indians and Alaskan natives rather than the healthier Asian populations in infant mortality, cancer, and life expectancy rates...

If you look at other federal statistics like immigration, you might wonder what use the current Asian or Pacific Islander category serves federal officials when it comes to Native Hawaiians.

According to the 1990 census, over 63 percent of the aggregate Asian or Pacific Islander population were foreign born. This means that this category is largely comprised of individuals who have immigrated to the United States. Comparatively, only 1.3 percent of Native Hawaiians were foreign born. The 1990 census also revealed that over 63 percent of the Asian or Pacific Islander population speak an Asian or Pacific Islander language at home, compared to 7.7 percent of Native Hawaiians. In education, 37 percent of the total Asian or Pacific Islander population over the age of 25 had completed college, compared to 12 percent of Native Hawaiians and 9.3 percent of American Indians or Alaskan natives. I implore federal officials to explain to me how these aggregate social and economic trends are fair to Native Hawaiians...

While native Hawaiians are culturally Polynesian, we are descendants of the aboriginal people who occupied and exercised sovereignty in the area that now constitutes the State of Hawaii. Like the varying cultures among the hundreds of American Indians and Alaskan Native groups, Native Hawaiians also have a unique political and historical relationship with the United States. Our current classification by the federal government denies us our identity as indigenous peoples...

Almost two years after being formed, the ICRRES finally published its recommendations to OMB in the Federal Register (July 9, 1997; pp 36873-36946). In regards to data collection and reporting issues for Native Hawaiians and Pacific Islanders, the Interagency Committee recommendations were to basically keep the 'status quo.'

6.1.9 Recommendation concerning changing the term "Hawaiian" to "Native Hawaiian": The term "Hawaiian" should be changed to "Native Hawaiian."

Although the term "Native Hawaiian" may be misinterpreted by respondents to mean "born in Hawaii," there is little evidence to suggest that this would be as likely in the case of "Native American." Furthermore, the preponderance of the public comments on this issue favored using "Native Hawaiian."

6.1.10 Recommendation concerning the classification of Hawaiians: Hawaiians should continue to be classified in the Asian or Pacific Islander category.

Although Hawaiians are an indigenous people, they are geographically linked to other Pacific Islanders. Furthermore, other groups such as American Samoans and the Guamanians, requested a similar change, with the result that the meaning of the Pacific Islander classification would likely be affected. Hawaiians are divided on which classification should be used. The historical continuity of data on the economic characteristics of Pacific Islanders would be affected.

NHOPI Recognized

After reviewing the recommendations of the ICRRES, OMB published its final “Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity” in the Federal Register on October 30, 1997. It chose not to address fully the “multi-racial” issue and, despite the ICRRES recommendation to the contrary, it disaggregated the former API category into a new racial and ethnic category entitled “Native Hawaiian and Other Pacific Islander” and kept the Asian category as it was originally defined in the earlier policy. The revised categories and their definitions included:

1. American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. Black or African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
4. Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin,” can be used in addition to “Hispanic or Latino.”
5. Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
6. White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

OMB expanded further on its findings. First, in regards to the ICRRES recommendation on defining “Hawaiians” as “Native Hawaiians,” it accepted the recommendation without comment. However, with regards to the second recommendation concerning the retention of the API category, OMB issued the following statements:

OMB does not accept the recommendation concerning the continued classification of Hawaiians in the Asian or Pacific Islander category. Instead, OMB has decided to break apart the Asian or Pacific Islander category into two categories – one called “Asian” and the other called “Native Hawaiian or Other Pacific Islander”...

The Native Hawaiians presented compelling arguments that the standards must facilitate the production of data to describe their social and economic situation and to monitor discrimination against Native Hawaiians in housing, education, employment, and other areas. Under the current standards for data on race and ethnicity, native Hawaiians comprise about three percent of the Asian and Pacific Islander population. By creating separate categories, the data on native Hawaiians and other Pacific Islander groups will no longer be overwhelmed by the aggregate data of the much larger Asian groups...

Further, OMB mandated that:

The provisions of these standards are effective immediately for all new and revised record keeping or reporting requirements that include racial and/or ethnic information. All existing record keeping or reporting requirements shall be made consistent with these standards at the time they are submitted for extension, or not later than January 1, 2003.

Thus, besides identifying a new ‘Native Hawaiian and Other Pacific Islander’ (NHOP) category for data collection, analysis, and reporting, OMB set a mandatory deadline of the implementation by all federal agencies of its new standards by January 1, 2003, a period of over five years.

NHOP: “Original Peoples of Hawai`i, Guam, Samoa, and Other Pacific Islands”

Who are NHOP – the “original peoples of the Pacific Islands” and from where do they come? This is a complex but extremely important discussion and one which federal program directors need to understand as there are direct program implications knowing who is who and from where as the NHOP definition brings together Indigenous Peoples of the United States with immigrants to the United States.

The Pacific Ocean contains an estimated 20,000 to 30,000 islands; the exact number has not been precisely determined. These islands are the Pacific Islands which are also sometimes collectively called *Oceania*; a reference to all the island areas within the Pacific Ocean, excluding the Galápagos Islands of Ecuador; the Aleutian Islands in Alaska; the Russian islands of Sakhalin and Kuril Islands; Taiwan; the Philippines; the South China Sea Islands; most of the islands of Indonesia; and the island nation of Japan, which includes the Ryukyu Islands. The inhabitants of these latter islands are

not considered to be Pacific Islanders and are usually identified with their nearest continent. Australia and New Zealand are generally included as part of *Oceania*. The Indigenous Peoples to these islands in Oceania are Pacific Islanders.

The regions of the Pacific are traditionally grouped by cultural/ethnic relationships among its inhabitants and environmental/geologic characteristics found in the area. Three major regions were initially defined in the 18th and 19th centuries by European explorers and these still remain today as the major identifiers of the Pacific. These regions are Melanesia, Micronesia, and Polynesia. The indigenous inhabitants within these three regions are sometimes referred to as Pacific Islanders. There are distinct physical and cultural similarities among the peoples within each of the three distinguishable regions and between each of the three regions. Politically, each of the regions has a multitude of different arrangements, many of which reflect 19th and 20th century colonial ties. This is an extremely important point for, as was noted earlier, four populations are considered “Indigenous Peoples of the United States; Native Hawaiians, Samoans from American Samoa, and Chamorro from Guam and the Commonwealth of the Northern Mariana Islands.,

Melanesia includes New Guinea (the largest Pacific island, which is divided into the independent nation of Papua New Guinea and the Indonesian provinces of Papua and West Irian Jaya which remain part of the nation of Indonesia), and the independent nations of Vanuatu (New Hebrides), Fiji, and the Solomon Islands. New Caledonia is also located in this area and is a French territory. The Aboriginal peoples of Australia and its neighboring Torres Strait Islands, also, are considered part of Melanesia. The major influx of peoples into the United States from this region is from Fiji and may include those of indigenous descent or those of Indian descent who emigrated to Fiji in the 19th century when Fiji was under British rule.

Micronesia includes the independent nations of Belau (Palau), Nauru, Kiribati (Gilbert Islands), and the Federated States of Micronesia (Consisting of 607 islands divided into four major states around the major islands of Yap, Pohnpei (Ponape), Kosrae, and Chuuk (Truk). The United States maintains direct relationships with two groups of islands as U.S. Commonwealths; the Commonwealth of the Northern Mariana Islands which includes 15 islands and the major islands of Saipan, Tinian, and Rota, and the Republic of the Marshall Islands which consists of 34 islands including Kawajalein and the island capitol of Majuro. Other islands within Micronesia include the U.S. territories of Wake Island and Guam.

Polynesia includes the independent nations of New Zealand, Samoa, Tonga, the Cook Islands., and Tuvalu (consisting of 9 islands and formerly known as the Ellice Islands). Island groups with American ties include the State of Hawai'i (consisting of 19 major islands and numerous islets extending northwest over 1,500 miles to Midway Island), and the U.S.

territory of American Samoa. Other island groups within Polynesia include the Chilean Territory of Rapanui (Easter Island); the French territories of French Polynesia which includes the islands of Tahiti (formerly known as the Society Islands), the Marquesas Islands, Austral Islands, and the Tuamotu islands; the island of Niue which is self-governing in “free-association” with New Zealand (i.e. all Niueans are New Zealand citizens) and the Tokelau Islands which is a territory of New Zealand, and the British Crown Colony of Pitcairn Island.

There are also a number of islands which reflect a Polynesian culture and population but lie within the Micronesian or Melanesian regions and are tied to political groups within these regions. These major Polynesian “outliers” include Rotuma (part of Fiji) and Wallis and Fortuna Islands (French territories) in Melanesia and Kapingamarangi and Nukuoro (part of the Federated States of Micronesia) in Micronesia.

The major Pacific Island populations now resident in the continental United States include Native Hawaiians, American Samoans, and Chamorro, as well as Samoans from the independent nation of Samoa, Tongans, Fijians, and Micronesians from the various independent island nations of that area.

NHOPI include:

Polynesian:

Cook Islander (Cook Islands)
Kapingamirangian (Kapingamirangi)
Maori (Aotearoa)
Marquesan (Marquesas Islands)
Native Hawaiian/Kanaka Maoli (Hawaiian Islands)
Niuean (Niue)
Nukuoran (Nukuoru)
Pitcairn Islander (Pitcairn Island)
Rapanuian (Rapa Nui)
Rotuman (Rotuma)
Samoan (American Samoa and Samoa)
Tahitian (Society Islands)

Tokelauan (Tokulau Islands)
Tongan (Tonga)
Tuamotuan (Tuamotu Islands)
Tubuaian (Tubuai Islands)
Tuvaluan (Tuvalu)
Wallisan/Futunan (Wallis Futuna Islands)

Micronesian:

Carolinian (Fed. States of Micronesia)
Chamorro (Mariana Islands, Guam)
Chuukese (Chuuk-Fed. States of Micronesia)
Kosraen (Kosrae-Fed. States of Micronesia)
Kiribati Islander (Kiribati)
Nauruan (Nauru)
Palauan (Belau)
Pohnpeian (Pohnpei- Fed. States of Micronesia)
Saipanese (Saipan-Mariana islands)
Yapese (Yap-Fed. States of Micronesia)

Melanesian:

Aboriginee (Australia/Torres Strait Islanders)
Fijian (Fiji)
Kanak (New Caledonia)
Papua New Guinean (Papua New Guinea)
Solomon Islander (Solomon Islands)
Vanuatuan (Vanuatu)

The estimated total population for NHOPI in their respective homelands and in the United States is in excess of 9 million people. Of this, the 2000 census identified 874,414 as being NHOPI in the United States. While there may be some

discrepancies in the reporting of census data, i.e. Samoan, Micronesian, and Melanesian data classifications; of the numbers presented, over 627,000 are Indigenous Peoples of the United States and the remaining 247,000 are immigrants to the United States (See Attachment 1).

US Indigenous Peoples:

Native Hawaiians	401,162
Samoans	133,281
Chamorro	92,611
Total	627,054

Immigrants:

Tongans	36,840
Micronesians	114,914
Melanesian	18,566
Fiji	13,581
Other	63,459
Total	247,360

Despite differences within the NHOPI subgroup populations, there are also many commonalities which have best been described in an article prepared by *'Imi Hale* in June 2007 entitled *Native Hawaiians and Pacific Islanders – Who We Are* (See Attachment 2).

Implementation of Revised OMB Standards on Racial and Ethnic Data

On October 24, 1997, just three days prior to OMB’s release of its “Revised Standards,” Secretary of Health and Human Services, Donna Shalala, issued a memorandum to her “Heads of Operating Divisions” entitled “HHS Policy for Improving Race and Ethnicity Data – ACTION. Attached to the memorandum was the department’s “Policy Statement on Inclusion of Race and Ethnicity in DHHS Data Collection Activities.” In her memo, Dr. Shalala noted:

...While many HHS data collection systems do include data on race and ethnicity, not all do so and no clear policy currently exists. Accordingly, ...I am issuing the attached policy...The policy reaffirms the HHS commitment to the appropriate inclusion of data on minority groups in our research, services and related activities...It is consistent with policies already adopted by the national Institutes of Health and the Centers for Disease Control and Prevention regarding the inclusion of minorities in research.

In general, the policy described in the attached material requires the inclusion of information on race and ethnicity in all HHS-sponsored data collections systems, with certain exceptions. The policy also requires that the minimum standards specified by the Office of

Management and Budget (OMB) for race and ethnicity data collection and reporting be employed, including any subsequent revisions to the OMB standards. This policy will go into effect as of November 1, 1997...

The DHHS policy statement concluded that:

Data on race and ethnicity will be included in all data collection and reporting activities covered by this policy.

For Federal systems of records, the minimum standard for the basic racial and ethnic categories will be OMB Directive 15 and any subsequent revisions.

HHS recognizes the diversity of the population within each of these minimum categories and encourages the inclusion of subgroups when such inclusion improves the usefulness of the data.

Thus, it would seem that DHHS had a “head-start” on other federal agencies in its ability to quickly and effectively implement OMB’s “Revised Standards” which were released three days after the Secretary’s memo.

In December, 1999, the HHS Data Council Working Group on Racial and Ethnic Data and the Data Work Group of the HHS Initiative to Eliminate Racial and Ethnic Disparities in Health issued its final report “Improving the Collection and use of Racial and Ethnic Data in HHS.” This group was specifically formed by the Secretary to make recommendations on how each of the agencies within DHHS could best implement OMB’s revised standards. Numerous recommendations were made for specific agencies to review and implement.

Three months later, on March 9, 2000, OMB Director Jacob Lew issued OMB Bulletin No. 00-02 to the “Heads of Executive Departments and Establishments” in which he set out “Guidance on Aggregation and Allocation of Data on Race for Use in Civil Rights Monitoring and Enforcement.” He stated:

The Office of Management and Budget (OMB) announced revisions to the standards for classification for Federal data on race and ethnicity in a Federal Register Notice of October 30, 1997 (62 FR 58782-58790). Revisions to these standards followed a lengthy process that included considerable public involvement and active participation from more than 30 agencies. The revised standards require, among other things, that agencies offer individuals the opportunity to select one or more races when reporting information on race in Federal data collections. The five minimum race categories are American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White.

Nine months later on December 15, 2000, OMB's Chief Statistician, Katherine Wallman, issued a memo on the "Provisional Guidance on the Implementation of the 1997 Standards for Federal Data on Race and Ethnicity" from the Tabulation Working Group of the Interagency Committee for the Review of Standards for Data on Race and Ethnicity. This document further clarified the importance of collecting racial and ethnic data in accordance with OMB standards.

On March 14, 2001, another federal entity entered into the racial and ethnic data discussion; the National Committee on Vital and Health Statistics (NCVHS). The NCVHS is a statutory federal advisory committee established in 1949 to advise the Secretary of Health and Human Services and Congress on the health information and data issues underlying federal policy. Its Chair, John R. Lumpkin, M.D., replied to Katherine Wallman that the "Provisional Guidance..." is of great interest to the National Committee on Vital and Health Statistics." He went on raising a number of concerns about processes and procedures for counting "mixed races" but generally was supportive of OMB's identified racial and ethnic categories. On March 10, 2001, Lumpkin again communicated this time with the Centers for Medicare and Medicaid Services in regards to its data collection procedures:

In considering issues pertaining to the collection of data on race and ethnicity, the Committee would like to refer to its report: "Medicaid Managed Care Data Collection and Reporting." In hearings it conducted, the Committee found that states varied in the type of enrollment data they collect, and heard from the field that collecting race and ethnicity data is essential in assessing access and quality of care received by minorities. The Committee made the following specific recommendation:

The Subcommittee/Committee recommends that HCFA encourage state Medicaid agencies to collect uniform enrollment data, including race and ethnicity data...The Subcommittee/Committee recommends that the format and content of race and ethnicity data be consistent with the OMB's Standards for maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity...

The Committee believes that without race and ethnic-specific data, it would be difficult to evaluate efforts to eliminate disparities in health care...

In order to monitor the impact on OMB's revised standards, the NCVHS established a Subcommittee on Populations which held hearings throughout 2002 and 2003 to "investigate the collection and use of data on racial and ethnic groups by data systems funded and maintained by the Department of Health and Human Services." The hearings were very timely remembering that OMB had given federal agencies until January 1, 2003 to fully implement within their own data collection, analysis, and reporting efforts its revised standards.

Papa Ola Lōkahi, the Native Hawaiian Health Board, and other Native Hawaiian organizations, including The Kamehameha Schools, and the Hawai'i State Department of Health have consistently supported OMB's revised standards and over the years have voiced this support through testimony. At the NCVHS hearings held first in Los Angeles on May 22, 2003, Kamehameha Schools presented "Hawaiian Matters: Data Considerations for Native Hawaiian and Pacific Islander Populations" in which it made the following recommendations:

- *Improve coverage of Native Hawaiians by oversampling, targeted surveys, etc., especially on the continental United States;*
- *Collect and report detailed race groups and disaggregate traditional "API" group;*
- *Develop longitudinal data sets looking at trend analysis and individual development; and*
- *Consider cultural factors such as language, community and aloha.*

Later that year in San Francisco on November 14, 2003, Papa Ola Lōkahi presented similar testimony expressing concern about the continued use of the API identifier by a number of federal agencies particularly in their data reporting. In its concluding remarks, it recommended:

- *That the NCVHS renew efforts to have federal agencies report their racial and ethnic data in accordance with the revised standards of OMB's Directive 15 and require contractors and researchers who receive federal support to report racial and ethnic data to do likewise; and*
- *That the NCVHS expediently develop a protocol for consultation with the Native Hawaiian population on data collection and health statistics*

A similar and related hearing was held on November 19, 2003, in San Francisco by the HHS Advisory Committee on Minority Health, an advisory committee created in 1998 under the Health Professions Education Partnership Act (P.L. 105-392) to advise the Secretary of Health and Human Services on ways to improve the health of racial and ethnic minority populations, and on the development of goals and program activities within the Department of Health and Human Services. Papa Ola Lōkahi presented similar testimony recommending:

- *That the HHS Advisory Committee identify specific strategic actions which can be taken nationally to address Native Hawaiian and Pacific Islander health issues;*

- *That the HHS Advisory Committee review and identify barriers to access to health care because of cultural and socio-economic status;*
- *That the HHS Advisory Committee enhance its support for the development of culturally appropriate health education materials for Native Hawaiians and Pacific Islanders;*
- *That the HHS Advisory Committee renew its efforts to have federal agencies report their racial and ethnic data in accordance with the revised standards of OMB's Directive 15; and*
- *That the HHS Advisory Committee expediently develops a protocol for consultation with the Native Hawaiian population in its health and wellness issues.*

In a series of letters sent to Secretary Tommy Thompson between March and September 2003, Lumpkin reported on the general findings of these hearings:

The NCVHS recommends that HHS strongly encourage and provide support ...to public and private sector health plans to collect accurate and complete racial and ethnic data in accordance with the revised OMB standard categories (September 26, 2003).

The single most compelling and recurrent request that the Subcommittee heard in its four recent hearings is for the collection and analysis of health data on subgroups of specific racial and ethnic minorities, especially those concentrated in geographically distinct areas. These data are urgently needed to adequately monitor the health status and health care quality of the diverse US population. Those who provided testimony (e.g. American Indians and Alaska Native, Native Hawaiians, Asians, and Pacific Islanders) indicated that the lack of quantitative data both hampered their planning and delivery of health care in their communities, and put them at a serious disadvantage in their attempts to compete for State and federal funding. Convincing cases were made at the hearings for periodic health surveys that could be used by specific racial and ethnic minorities in their communities (September 26, 2003).

On August 23, 2004, John Lumpkin, again, sent Secretary Tommy Thompson a letter making additional recommendations under the title "Recommendations on the Nation's Data for Measuring and Eliminating Health Disparities Associated with Race, Ethnicity, and Socioeconomic Position." The Committee's recommendations based on its findings recommended "the following actions to improve and augment the current data available for measuring, tracking and ultimately eliminating health disparities for racial and ethnic minority populations":

1. *HHS should extend and intensify its current leadership role with other Departments, OMB, the Census Bureau, and private and academic organizations to promote and undertake methodological research associated with race, ethnicity, and socioeconomic*

position measurements in surveys, research and census data, in order to improve the health and health care data collected on racial and ethnic minority populations and subpopulations.

2. *HHS should accelerate implementation of its multiple-strategy approach to data development on racial and ethnic minority populations and subpopulations, consistent with recommendations that appear in "Improving the Collection and Use of Racial and Ethnic Data in HHS."*
3. *HHS is urged to develop consistent strategies and mechanisms for the broad dissemination of data on racial and ethnic minorities, including data on socioeconomic position, that result from Department data collection efforts, when targeted to specific racial and ethnic minority populations.*

On January 20, 2006, OMB's Administrator, John D. Graham, prepared a memorandum for the President's Management Council entitled "Guidance on Agency Survey and Statistical Information Collections." In the memo he states, "The content of this document is focused on what agencies need to consider when designing information collections and preparing requests for OMB approval." On page 49 of the document, OMB's standards for data collection and reporting are again noted.

A final note...As the discussion has continued within the federal government from 1997 to the present on how best to implement OMB's revised standards, it has shifted from whether or not the standards were appropriate to the inequities in health care and disparities in health among the identified racial and ethnic groups in the nation. A number of the studies undertaken by the Institute of Medicine reflect this shift, particularly its 2003 publication Unequal Treatment reflect this shift. Unfortunately, because some of the federal agencies have not fully implemented OMB's revised standards in their collection, analysis, and reporting, the NHOPI category remains often reflected in national studies and reports as an "asterisk," "dot," or "dash" either because of lack of data or small sample size.

Failure by Federal Agencies to fully Implement OMB Revised Standards

While federal agencies have mostly complied with OMB's revised standards for the collection of racial and ethnic data, a number continue to be inconsistent with their reporting of separate Asian and Native Hawaiian and Other Pacific Islander data. Some agency reports still reflect the old API identifier or a newer AAPI version in their presentation of data. In addition, agency websites which present 'minority' health data do so using the former terms of reference or simply do not report NHOPI data at all. Of particular concern is that the major health agencies within the Department of Health and Human Services (DHHS) given the responsibility for tracking and reporting on the health status of different racial and

ethnic groups in the United States, the Centers for Disease Control and Prevention (CDC), the Office of Minority Health (OMH), and in some cases smaller agencies within the National Institutes of Health (NIH) are not consistent in their reporting of NHOPI data.

Nowhere has this been more apparent than in the *Healthy People* reports published every ten years by the U.S. Surgeon General and the related periodic updates. Just how woefully inadequate the *Healthy People 2010* Report was for Asians and for Native Hawaiians and Other Pacific Islanders as separate categories was documented by Moon Chen in his article entitled “Healthy People 2010 and Its Importance and Implications for Asian Americans and Pacific Islanders.” Hopefully, the upcoming *Healthy People 2020* Report will reflect data in compliance with OMB’s revisions with target health outcomes derived from discussions with NHOPI health institutions and their respective communities.

The problems associated with using an API identifier for diverse Asian, Native Hawaiian, and Pacific Islander populations were alluded to more than fifteen years ago. Concerns with the aggregate API identifier in the presentation and comparison of health and social service data surfaced in one of the first publications dedicated to API populations, Handbook of Social Services for Asian and Pacific Islanders, edited by Noreen Mokuau and published in 1991. Again, two years later, on January 20, 1993, the concerns were louder at the Asian Pacific Islander American Health Forum’s (then known as the Asian American Health Forum) “Healthy People 2000 Conference held in Honolulu. Health researcher JoAnn Tsark noted in her presentation “Implications for Data Collection at the State and National Levels”:

...Minority and Native Hawaiian health problems are also masked by the composite data of the state. A blatant example of this is that Hawaii as a state boasts the longest life expectancy in the nation-hence our signifying label, Hawaii, the health state. Hawaii also has one of the lowest incidence and mortality rates of breast cancer in the nation. Yet, in stark contrast, the indigenous peoples of Hawaii, Native Hawaiians have a life expectancy about six years lower than the state average and one of the highest mortality rates of breast cancer in the nation. Native Hawaiians are one ethnic group subsumed, and inadvertently concealed, in the rubric, “Asian and Pacific Islander.”

In 1994, three years before OMB issued its revisions, the use of the API term continued to be questioned by researchers David Takeuchi and Kathleen Young in their publication Confronting Critical Health Issues of Asian and Pacific Islander Americans (California, 1994):

In 1990 the population of Asian Pacific Americans exceeded 7.2 million, nearly doubling the 3.7 million figure in 1980...Overlooked in these figures is the fact that Asian Pacific Americans are often seen as a homogeneous ethnic category. The failure to make the distinctions among specific ethnic groups can only lead to faulty conclusions about important health needs...

The issues surrounding the aggregation of Asian with Native Hawaiian and other Pacific Islander data became more apparent in 1995 when health researchers Moon Chen and Jessie Wing organized and co-chaired the First National Health Summit of Asian American and Pacific Islander Health Organizational Leaders sponsored in part by the Asian Pacific Islander American (APIA) Health Forum. The Summit was held in San Francisco from June 21-24 and brought together more than 200 delegates representing various Asian and Native Hawaiian and Pacific Islander health organizations and federal agencies. In his final report, Chen and Wing report:

The Summit has also stimulated much discussion among Asian American and Pacific Islander communities. For instance, the formation of the Pacific Islander Caucus is a direct result of the Summit. The Pacific Islander Caucus is a group of approximately 25 Pacific Islander health organization leaders who met face to face during the Summit and desire to communicate more frequently and effectively...

What is not said was that the Pacific Island Caucus was formed because of a major concern from the Native Hawaiian and Pacific Island delegates that their health issues were not being heard at the Summit. Much to Chen and Wing's credit, this was not the case, but it brought to the forefront the concern among Native Hawaiians and Pacific Islanders that their issues were being subsumed within the broader and much larger Asian health discussion.

An additional complexity was the creation of the President's Advisory Commission on Asian Americans and Pacific islanders and its resultant Office of the White House initiative on Asian Americans and Pacific Islanders. After substantial efforts from Asian leadership with Native Hawaiian and Pacific Islander leadership in support, President Clinton signed Executive Order 13125 on June 9, 1999, establishing the President's Advisory Commission on Asian Americans and Pacific Islanders. At the time of signing, some Native Hawaiians questioned why the API aggregate continued in the creation of this Executive Office but saw the effort as a positive one in terms of developing more resources for health care. Additionally, the Commission took a very pro-active position on the collection, analysis, and reporting of disaggregated data. It undertook a number of surveys and investigations on the status of federal agencies' implementation of OMB's revised standards which it reported on in its 2001 report A people Looking Forward, Actions for Access and Partnerships in the 21st Century. The report noted:

Few agencies have implemented the 1997 OMB "Standards..." in their data collection and reporting about their programs and services...Only six departments and six agencies of the 32 have implemented the 1997 OMB standards in their national data collection and reporting about their programs and services.

In its “Interim Recommendations to Federal Agencies,” the Commission went on to recommend specific measures to “improve data collection, analysis and dissemination for Asian Americans and Pacific Islanders.” These included to:

Conduct systematic review of all federal data collection instruments, sampling and analytical methods in order to maximize the inclusion of disaggregated Asian American and Pacific Islander subpopulations.

Increase data collection, analysis and dissemination about underrepresented Asian Americans and Pacific Islanders.

A further recommendation was “to recognize and include Native Hawaiian and Pacific Islanders in Federal programs and Services.” Some of the specific actions were to:

Improve the collection, analysis and dissemination of data about Native Hawaiians and Pacific Islanders while respecting Pacific Islander cultures.

Reduce the housing, health, education and economic disparities among Native Hawaiians and Pacific Islanders

It is unfortunate that this Commission was unable to complete its work as the original executive order expired in 2001. President George W. Bush reconstituted the Commission through Executive Order 13339 on May 13, 2004, within the Department of Commerce, thereby shifting its focus from health to business development. Further, this Commission has tended to use an aggregated AAPI identifier in its discussion of its activities which only adds to the confusion within federal agencies and perplexes those in Native Hawaiian and Pacific Islander communities.

Over time, the health issues surrounding the API aggregation became more apparent. In 1999, Susan Shinagawa et al published their report “Cancer Registries and Data for Asian Americans and Native Hawaiians and Pacific Islanders: What Registrars Need to Know.” This report appeared two years after OMB’s issuance of its revised standards and took to task the continued use of the antiquated API identifier. Using primarily breast cancer rates, the report demonstrated just how inaccuracies in cancer reporting occurred or were masked because of the aggregation of Asian with Native Hawaiian and Pacific Islander data. The report concludes:

...Asian Americans and Pacific Islanders are two distinct and very heterogeneous population groups. Hence, continued aggregation of cancer data for reporting is presumptuous. Proper identification of all Asian American and Pacific Islander ethnic subgroups...is challenging. However, continued aggregate reporting of Asian and Pacific Islander data misrepresents and masks the severe cancer burden borne by many Asian American and Pacific Islander ethnic subpopulation groups.

Other examples of negative impacts on defining and addressing the health status of Native Hawaiians and Pacific Islanders using an API identifier were presented in an article by health researcher Maile Taulii entitled “Self-Rated Health Status Comparing Pacific Islanders to Asians,” appearing in the Winter 2007 edition of the Journal of Health Disparities Research and Practice. She notes:

...Asians and Native Hawaiians and Other Pacific Islanders do not have the same health status. By aggregating these two distinctly different populations, Native Hawaiians or Other Pacific Islanders are silenced. The aggregate disease reporting, which is limited and inaccurate, precludes advocacy efforts and the political power to intervene, and stifles the ability to create change and improvement in these populations.

And, while federal agencies should have been implementing OMB’s revised standards to reach full implementation by 2003, such implementation has not been apparent. One of the more recent publications of the Institute of Medicine, Examining the Health Disparities Research Plan of the National Institutes of Health, has the byline “Unfinished Business.” The publication presents NIH’s research plan for addressing health disparities research. Throughout, the term API is used in the text and tables. Nowhere is NHOPi health research addressed or even mentioned. In the index the citation for “Native Hawaiians” reads “See Asian/Pacific Islanders.”

A ‘barometer’ for just how effective federal agencies have been in complying with OMB’s revised standards has been conferences sponsored by the APIA Health Forum. In April 2001, in May 2004, and, again, in September 2006, these conferences which brought together representatives from the Asian, Native Hawaiian, and Pacific Islander communities and their respective institutions around health issues, have in every instance raised concerns about federal agency non-compliance of reporting health data in accordance with OMB’s revised standards.

Most recently in April 2007, at a Pacific Islanders Town Hall Meeting co-sponsored by the Office of Minority Health/DHHS and the APIA Health Forum in Carson, California, the issue of data collection and reporting was again raised. More than 200 Native Hawaiians and Pacific Islanders met to discuss current health issues and concerns. After two days of meetings five resolutions were passed by the body; two of which specifically addressed the data issue and NHOPi dismay and concern about the failure of federal agencies to fully comply with OMB’s revised standards.

Request for the Collection of Disaggregated Data of Native Hawaiians and Other Pacific Islanders in Areas with Large Native Hawaiian and Other Pacific Islander Population

WHEREAS, the existing data on Native Hawaiian and Other Pacific Islanders is insufficient and aggregated as Asian American and Pacific Islander;

WHEREAS, the Native Hawaiian and Other Pacific Islander communities require proving and justifying the need for health programs as a result of a lack of baseline disaggregated data;

WHEREAS, the Office of Minority Health and the U.S. Department of Health and Human Services need to recognize, identify and meet the unmet health needs of our Native Hawaiian and Other Pacific Islander U.S. Mainland communities;

WHEREAS, the Native Hawaiian and Other Pacific Islanders are currently referred to as “asterisk”, “dot”, or a “dash” etc., because of small sampling;

WHEREAS, the Native Hawaiian and Other Pacific Islanders request that the Office of Minority Health recognize the revisions to the OMB Directive 15 and assist to ensure its full compliance throughout all federal agencies.

BE IT RESOLVED, that the Native Hawaiian and Other Pacific Islanders are requesting that the collection of sufficient disaggregated data take place in areas with large Native Hawaiian and Other Pacific Islander populations;

BE IT FURTHER RESOLVED that the U.S. Department of Health and Human Services utilize the same methodology for the collection of sufficient disaggregated data as is used for other smaller ethnic groups such as the American Indian/Alaskan Native, Hispanic Latinos and other special populations;

BE IT FURTHER RESOLVED that a copy of this resolution will be given to Dr. Garth Graham of the Office of Minority Health and all the participating Native Hawaiian and Other Pacific Islander Community Organizations: California State University East Bay Chamorro Club, Guam Communications Network (GCN), National Association for the Advancement of Pacific Islanders (NAAPI), National Office of Samoan Affairs (NOSA), Pacific Islander Community Council (PICC), Pacific Islander Council of Leaders (PICL), Pacific Islander Festival Association (PIFA), Pacific Islander Health Partnership (PIHP), Papa Ola Lokahi, Samoan National Nurses Association (SNNA), San Diego Chamorro Cultural Center (SDCCC), Tongan American Youth Foundation (TAYF), Tongan Community Service Center (TCSC), Utah Community Association for Pacific Islanders, St. Joseph Parish Samoan Community, Tautua Samoa-North San Diego County, Samoan Federation of America, Inc., San Diego Native Hawaiian Civic Club, National Organization for the Advancement of Chamorro People, Native Hawaiian Civic Club-Garden Grove, Sisters Alumni of the South Pacific, Marshallese Community of San Diego, Fijian Faith-based Leaders of Sacramento California, Samoan Faith-based Leaders of California.

Action: Approved: April 24, 2007

Need for special legislation in support of OMB's revisions to its Directive No. 15 on behalf of Native Hawaiians and Other Pacific Islanders (NHOPi):

WHEREAS, the plight of Pacific Islanders prior to 1997 was their placement in the Racial Category as "Asian and Pacific Islanders". This category combined data on Native Hawaiians and Other Pacific Islanders (NHOPi) with that of Asians and generated grossly inadequate data for monitoring the social and economic conditions of NHOPis and rendering NHOPi invisible, underrepresented and underserved;

WHEREAS, the revisions to the OMB Directive 15, signed October 30, 1997, mandated that all federal programs should adopt the standards as soon as possible, but not later than January 1, 2003, for use in household surveys, administrative forms and records, and other data collections. The new standards were used by the Bureau of the Census in the 2000 decennial census. Other Federal programs were to adopt the standards as soon as possible, but not later than January 1, 2003;

WHEREAS, as of this date, not all federal agencies are in full compliance with the revisions to the OMB Directive 15;

WHEREAS, the Native Hawaiian and Other Pacific Islanders must advocate for separate legislation to supplement the revisions to the OMB Directive 15 for Native Hawaiian Pacific Islander communities;

WHEREAS, the use of the category "Asian" and "Native Hawaiian and Other Pacific Islander" must be separated and identified as two separate and distinctive groups;

WHEREAS, the Office of Minority Health continue to be sensitive to each ethnic groups needs;

WHEREAS, Native Hawaiians and Other Pacific Islanders still face social disparities compared to the general U.S. population including disproportionate health disparities and poverty rates. Lower levels of educational attainment, low-income, substandard housing conditions and over representation of youth and adults in the criminal justice system, data and program development addressing these disparities for Pacific Islanders must be reflected in the new racial category, Native Hawaiian and Other Pacific Islander (NHOPi);

THEREFORE BE IT RESOLVED, that the Southern California Native Hawaiian and Other Pacific Islander Town Hall moves to seek special legislation in support of the Revised OMB Directive No. 15's Racial Category of Native Hawaiian and Other Pacific Islander;

BE IT FURTHER RESOLVED, that the Native Hawaiian and Other Pacific Islanders are requesting that the Office of Minority Health provide funding opportunities to this Native Hawaiian and Other Pacific Islander collaborative to assist in building capacity and providing other health-related community services;

BE IT FURTHER RESOLVED, that a copy of this resolution will be given to Dr. Garth Graham of the Office of Minority Health and all the participating Native Hawaiian and Other Pacific Islander Community Organizations: California State University East Bay Chamorro Club, Guam

Communications Network (GCN), National Association for the Advancement of Pacific Islanders (NAAPI), National Office of Samoan Affairs (NOSA), Pacific Islander Community Council (PICC), Pacific Islander Council of Leaders (PICL), Pacific Islander Festival Association (PIFA), Pacific Islander Health Partnership (PIHP), Papa Ola Lokahi, Samoan National Nurses Association (SNNA), San Diego Chamorro Cultural Center (SDCCC), Tongan American Youth Foundation (TAYF), Tongan Community Service Center (TCSC), Utah Community Association for Pacific Islanders, St. Joseph Parish Samoan Community, Tautua Samoa-North San Diego County, Samoan Federation of America, Inc., San Diego Native Hawaiian Civic Club, National Organization for the Advancement of Chamorro People, Native Hawaiian Civic Club-Garden Grove, Sisters Alumni of the South Pacific, Marshallese Community of San Diego, Fijian Faith-based Leaders of Sacramento California, Samoan Faith-based Leaders of California.

Action: Approved: April 24, 2007

Impacts and On-going Legacies of this Failure to fully Implement:

1) NHOPI populations have large data gaps in federal studies

In most federal studies in which race and ethnic data is presented, the NHOPI category is generally non-existent or minimally represented in data presentation formats. As one Pacific Islander demographer has stated – “NHOPI are either asterisks, dots, or dashes.” Federal agencies need to remedy this situation. Health data on NHOPI is available. Health studies on subgroups within the NHOPI category have been undertaken for many decades. National and regional health data on Native Hawaiians is substantial and that for other subgroups such as Samoans and other Pacific Islanders is certainly available regionally. Native Hawaiians have developed a cadre of health researchers who in recent years have produced much health data.

Recommendations:

- When NHOPI data gaps are identified, the federal agency, or agencies, undertaking the research needs to develop alternative ways of sampling such as over-sampling areas or regions with high NHOPI populations or combining years of collected data. NHOPI demographers can be helpful in determining what alternatives would be appropriate.

- NHOPI subgroup data should be used if the larger NHOPI data is not available. NHOPI subgroup data extend back a number of decades (Hawaiian, etc.). Because of similar health issues and concerns, this subgroup data is more useful to NHOPI communities and their institutions than continuing to report data using the antiquated API and AAPI identifiers. Some examples of websites still using API or AAPI data are noted in Attachment 3.
- Federal agencies need to review and utilize NHOPI data which is available to them from other sources such as NHOPI institutions and organizations and private foundations. The Native Hawaiian Center of Excellence at the John A. Burns School of Medicine and Papa Ola Lokahi print annually a listing of all health research publications done by NHOPI researchers or those working in Native Hawaiian communities. There is also a “Native Hawaiian Data Users Group” which meets periodically to review local, regional, and national NHOPI data.
- Federal agencies, particularly those with responsibilities for collecting, analyzing, and reporting racial and ethnic data, need to review their websites and educational materials such as brochures and where appropriate revise them to reflect OMB’s revised standards. OMH, CDC, and NIH all still report racial and ethnic data on their websites and in their brochures using API or AAPI identifiers.

2) NHOPI communities are not part of the national healthcare discussion

NHOPI populations stretch across the United States and are found in every state. The 2000 Census identified 874,414 NHOPI with a predominance of Native Hawaiians making up almost 50% of the population (See Attachment 1). Generally, this population is regionally denser in the Western states and less prevalent as one moves eastward across the nation. Demographically, NHOPI populations tend to be clustered in specific communities. Culturally, family ties and relationships are very important and NHOPI populations tend to be in close proximity with one another. Yet, the population remains small by national standards, and so it is often overlooked by federal agencies and national organizations engaged in the national healthcare discussion who either are not aware of NHOPI populations or do not know how to reach them.

Recommendations:

- Federal agencies and institutions engaged in the national discussion on healthcare such as the Centers for Medicaid and Medicare (CMS) and the Health Resources and Services Administration (HRSA) need to outreach to NHOPI institutions and their leaders and learn 'best practices' for outreaching to NHOPI populations. These agencies need to consciously outreach to and include NHOPI in their respective programmatic discussions.

3) NHOPI not represented in advisory groups/boards for federal data studies

The issue is one of visibility. NHOPI populations are generally invisible to federal agencies. NHOPI researchers are rarely, if ever, part of federal agency and project-specific advisory groups; federal project directors are generally not knowledgeable about NHOPIs and their culture; and few, if any, NHOPIs are within the federal structure to advocate for NHOPI inclusion in federal studies. This is true also with the multitudes of "beltway" consultants upon which many federal agencies call upon for project advice and project management. An example of this "invisibility" is that none of the national NHOPI institutions noted in the next section of this report are listed as being "advisory to the Office" or "resources for the community" on the Office of Minority Health website.

- Federal agencies which have mandates to report on racial and ethnic data, particularly those within DHHS, need to have advisory groups which have representation from the racial and ethnic groups defined by OMB's revised standards. This includes having representation from NHOPI populations as Indigenous Peoples (Native Hawaiian, Samoan, and Chamorro) and immigrant NHOPI populations.
- Federal agencies need to expand their research and scientific consultant base to include NHOPI researchers and scientists; particularly those agencies involved in health and health-related studies.
- Federal agencies undertaking health and health-related research relating to different racial and ethnic populations "in-house" or through consultants need to have established protocols to include representatives from the racial and ethnic populations being studied in the research design, collection, analysis, and reporting processes.

4) Private sector not aware of NHOPI health issues

Because federal agencies have not fully implemented OMB's revised standards for racial and ethnic population reporting, particularly as it relates to reporting on NHOPI populations, private sector organizations and institutions often reflect this as well. The major private foundations concerned with health care and wellness in the nation, the Robert Wood Johnson Foundation, the W. K. Kellogg Foundation, the Henry J. Kaiser Family Foundation, and the Commonwealth Fund, all continually use the antiquated API identifier in presenting racial and ethnic health data. In many instances, the program directors of these important and well-meaning institutions simply are unaware of OMB's revised standards as they are dependent upon those health researchers and consultants undertaking their studies. As much of the data comes from federal sources and if NHOPI are not part of the data set, then this is replicated in foundations' reports.

Recommendations:

- NHOPI institutions and organizations need to educate private foundations about OMB's revised standards for reporting on racial and ethnic populations and demand that they concur in their reporting as well. Some websites still reporting API data are noted in Attachment 3. This education can be done by starting with two key organizations; Asian Americans and Pacific Islanders in Philanthropy (AAPIP) and Grantmakers in Health (GIH).

Conclusion:

Ten years after OMB's issuance of its revised standards on the collection, analysis and reporting of racial and ethnic data, federal agencies have not fully implemented them. It is critical that these agencies comply fully with these standards because:

- 1) A number of federal agencies are charged by statute to address health disparities and wellness issues in various racial and ethnic populations and/or Indigenous peoples. Appropriate and accurate data is a pre-requisite to determining health status and developing strategies to address these disparities at the agency level.
- 2) The different racial and ethnic populations and Indigenous peoples in the United States have developed or are developing their own institutional capacities to address health and wellness issues. Without appropriate and accurate data, these initiatives cannot measure their own effectiveness.

In addressing and implementing the recommendations presented, federal agencies and private foundations are encouraged to consult with NHOPI institutions and organization which have had a long-standing relationship with NHOPI populations. These include:

NHOPI National Institutions:

‘Ahahui o Nā Kauka (Association of Native Hawaiian Physicians)

Association of Hawaiian Civic Clubs (AHCC)

Guam Society of America

National Association for the Advancement of Pacific Islanders (NAAPI)

National Organization for the Advancement of Chamorro People (NOACP)

National Office of Samoan Affairs (NOSA)

Native Hawaiian and Pacific Islander Alliance

Papa Ola Lōkahi (Native Hawaiian Health Board) (POL)

Samoa Federation of America

Samoa National Nurses Association (SNNA)

National Institutions Affiliated with NHOPI

Asian Pacific Islander American Health Forum (APIAHF)

Association of Asian Pacific Community Health Organizations (AAPCHO)

Asian Pacific Islanders in Philanthropy (APIP)

In addition, there are a number of Pacific Islander organizations focusing on improving health data in Pacific Islander communities in the Pacific Islands. There are related data issues. These institutions and organizations include:

NHOPI Institutions in the Pacific

Pacific Islands Health Officers Association (PIHOA), Honolulu, Hawai‘i

Micronesia Human Resource Development Center, Pohnpei, Federated States of Micronesia

Micronesian Seminar, Pohnpei, Federated States of Micronesia
Pacific Islands Primary Care Association (PIPCA), Honolulu, Hawai'i
Secretariat of the Pacific Community, Noumea, New Caledonia
South Pacific Forum, Suva, Fiji

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PAPA OLA LOKAHI
October 2007

ATTACHMENT 1

- (1) NHPI Populations-2000 Census**
- (2) Pacific Island Populations**

NHOPI POPULATIONS										
	NH	PI	TOTAL	SAMOA N	TONGA N	MICRO	CHAMO	MELAN	FIJI	OTHER
ALABAMA	833	2,336	3,169	430		735	597			
ALASKA	1,878	3,637	5,515	1,994	472	573	407			
ARIZONA	4,906	8,509	13,415	1,539	1,043	2,691	2,095			
ARKANSAS	718	2,411	3,129			1,154	240			
CALIFORNIA	60,048	161,410	221,458	51,752	15,724	36,380	34,148	11,043	10,943	1,006
COLORADO	3,990	6,163	10,153	1,314		2,218	1,957			
CONNECTICUT	781	3,295	4,076			603	549			
DELAWARE	140	531	671							
DC	231	554	785							
FLORIDA	5,285	18,713	23,998	1,632		3,698	3,391			449
GEORGIA	2,183	7,506	9,689	1,185		2,063	1,912			369
HAWAII	239,655	43,012	282,667	26,365	6,148	12,724	3,999	411	411	
IDAHO	1,139	1,708	2,847	706		508	419			
ILLINOIS	2,506	9,342	11,848	1,223		1,589	1,480			393
INDIANA	1,402	2,965	4,367	594		861	811			
IOWA	699	1,497	2,196	292		408	297			
KANSAS	997	2,120	3,117	482		668	470			
KENTUCKY	845	2,317	3,162			683	593			
LOUISIANA	850	2,387	3,237			822	702			
MAINE	243	549	792							
MARYLAND	1,475	4,704	6,179	618		1,353	1,186			
MASSACHUSETT S	1,356	7,348	8,704	504		815	736			
MICHIGAN	2,058	5,218	7,276	864		1,322	1,138			334
MINNESOTA	1,526	4,341	5,867	530		793	678			
MISSISSIPPI	505	1,396	1,901			358	336			
MISSOURI	1,620	5,015	6,635	1,513		1,513	906			
MONTANA	529	548	1,077							
NEBRASKA	543	1,190	1,733			434	340			
NEVADA	8,264	7,970	16,234	2,149	998	2,261	1,937			
NEW HAMPSHIRE	266	511	777							
NEW JERSEY	1,501	8,564	10,065	1,029		1,117	982			
NEW MEXICO	1,261	1,808	3,069	397		577	548			
NEW YORK	3,758	24,854	28,612	2,304		2,788	2,543			750
NORTH CAROLINA	2,390	6,184	8,574	1,129		2,005	1,786			
NORTH DAKOTA	132	343	475							

OHIO	1,989	4,995	6,984	1,062		1,382	1,331			
OKLAHOMA	1,932	3,191	5,123	329		1,094	650			
OREGON	6,366	9,653	16,019	1,494	503	3,877	1,852	485	485	
PENNSYLVANIA	2,051	6,739	8,790	1,407		1,370	1,281			
RHODE ISLAND	311	1,472	1,783							
SOUTH CAROLINA	1,056	2,722	3,778	482		811	675			
SOUTH DAKOTA	207	359	556							
TENNESSEE	1,302	3,285	4,587	775		1,123	950			
TEXAS	7,775	21,319	29,094	3,164	687	6,236	5,457		623	
UTAH	3,642	17,725	21,367	5,439	8,722	694				
VERMONT	76	232	308							
VIRGINIA	2,795	7,189	9,984	854		2,117	1,953			
WASHINGTON	13,507	29,254	42,761	9,604	1,160	9,033	7,993	1,041	1,020	
WEST VIRGINIA	264	623	887							
WISCONSIN	1,143	3,167	4,310	406		751	607			
WYOMING	233	381	614							
TOTAL-US	401,162	473,252	874,414	133,281	36,840	114,914	92,611	18,566	13,581	12,507

PACIFIC ISLAND POPULATIONS

1999-2006

POLYNESIAN	Homeland	Hawai'i	US Cont	Aotearoa	Australia	Fiji	New Caledonia	TOTAL	Chile
Kanaka Maoli (Native Hawaiian)	239,655	239,655	161,507					401,162	
Samoaan	298,264			115,017	15,000			428,281	
Amer Samoaan	177,287	26,365	106,916					310,568	
Tongan	112,422	6,148	30,692	40,716	10,500			200,478	
Maori (Aotearoa)	526,281			526,281	97,180			623,461	
Cook Islander	18,000			52,569				70,569	
Maohi (Tahitian)	139,389						6,490	145,879	
Marquesian	8,712							8,712	
Tubuaian	6,386							6,386	
Wallis-Fortunian	15,000						21,876	36,876	
Tuamotuan	15,862							15,862	
Niuean	1,600			20,148				21,748	
Tokelauan	1,392			6,204				7,596	
Tuvaluan	11,338			1,965				13,303	
Rapanuian	2,269							4,647	2,378
Rotuman	2,810					10,076		12,886	
TOTAL	1,577,702	272,168	299,115	734,583	122,680	10,076		2,308,414	

MICRONESIAN

Homeland Hawai'i US Cont CNMI Guam Nauru

Chamorro	GUAM	57,297	3,999	88,612	19,132	57,297		169,040	
Carolinian	CNMI	4,776			4,776	123		4,899	
Chuukese	FSM	53,595			1,394	6,229		61,218	
Kosraean	FSM	7,686			56	292		8,034	
Marshallese RMI		49,693			112	257		50,062	

Belauan	ROB	12,575			1,685	2,141		16,401
Pohnpeian FSM		34,486			640	1,366		36,492
Yapese	FSM	11,241			204	686		12,131
Kiribati	ROK	84,542					3,080	87,622
Nauruan	RON	6,870					6,870	6,870
Other-Micronesian			12,724	102,190				114,914
TOTAL		322,761	16,723	190,802	27,999	68,391	9,950	567,683

MELANESIAN	Homeland	Hawai'i	US Cont	Aotearoa	Australia		
Fijian	393,575	411	13,170	7,641			414,797
Vanuatuan	208,216						208,216
Torres-Strait Islander	6,800				42,000		48,800
Aboriginal	412,668				412,668		412,668
Solomon Islander	446,811						446,811
Papuan	5,138,878						5,138,878
New Caledonia	107,218						107,218
Other-Melanesian			18,566				18,566
TOTAL	6,714,166	411	13,170	7,641	454,668		6,795,954

	Homeland	Hawai'i	US	Aotearoa	Australia	France	Chile	
Polynesian	1,577,702	272,168	299,115	734,583	122,680		2,378	2,308,414
Micronesian	322,761	16,723	190,802					567,683
Melanesian	6,714,166	411	13,170	7,641	454,680			6,795,954
Not Specified-US			12,507					12,507
GRAND TOTAL	8,614,629	289,302	515,594	734,583	577,360		2,378	9,684,558

ATTACHMENT 2

Native Hawaiians and Pacific Islanders *Who We Are*

Native Hawaiians and Pacific Islanders

Who We Are

We are called **Native Hawaiians** and **Pacific Islanders**. Modern day voyaging has taken hold of many of our family members and dispersed us to lands beyond our homelands to the Americas, Europe, and Asia, but we remain the indigenous peoples from the islands and seas that surround them within the great ocean, *Moananuiloa*.



happiness, and authenticity.

We are referred to as Polynesians, Micronesians, and Melanesians; we have brothers and sisters called Aborigines, Carolinians, Chamorros, Chuukese, Fijians, Hawaiians, Kosraeans, Marshallese, Belauans, Pohnpeians, Rarotongans, Samoans, Tongans, Tuvaluans, Yapese and many more. But we know ourselves from whence we come – we are of the land (*kama'āina, honua, vanua, enua*) - and we call ourselves Maori, Ma Ori, Maoli, Vaka-viti or something similar which has the connotation of joy, life, health,



Our families (*nā 'ohana* or *'aiga*) are large. We are a highly diverse population with an even more diverse historical background, cultural traditions, and over 20 living traditional languages.

Our stories begin with Creation in the Universe – Motion in Space and time. Across *Moananuiloa*, Father of All Spirits and Sun Mother; Male (*Putan*) and Female (*Fu'una*); and Sky Father (*Wakea, Ranginui*) and Earth Mother (*Papa, Papatuanuku*) are all part of our story.



Aborigine/Australia/Torres Strait

There was a time when everything was still. All the spirits of the earth were asleep - or almost all. The great Father of All Spirits was the only one awake. Gently he awoke the Sun Mother. As she opened her eyes a warm ray of light spread out towards the sleeping earth. The Father of All Spirits said to the Sun Mother,

"Mother, I have work for you. Go down to the Earth and awake the sleeping spirits. Give them forms."

The Sun Mother glided down to Earth, which was bare at the time and began to walk in all directions and everywhere she walked plants grew. After returning to the field where she had begun her work the Mother rested, well pleased with herself. The

Father of All Spirits came and saw her work, but instructed her to go into the caves and wake the spirits.

This time she ventured into the dark caves on the mountainsides. The bright light that radiated from her awoke the spirits and after she left insects of all kinds flew out of the caves. The Sun Mother sat down and watched the glorious sight of her insects mingling with her flowers. However once again the Father urged her on.

The Mother ventured into a very deep cave, spreading her light around her. Her heat melted the ice and the rivers and streams of the world were created. Then she created fish and small snakes, lizards and frogs. Next she awoke the spirits of the birds and animals and they burst into the sunshine in a glorious array of colors. Seeing this the Father of All Spirits was pleased with the Sun Mother's work.

She called all her creatures to her and instructed them to enjoy the wealth of the earth and to live peacefully with one another. Then she rose into the sky and became the sun.

The living creatures watched the Sun in awe as she crept across the sky, towards the west. However when she finally sunk beneath the horizon they were panic-stricken, thinking she had deserted them. All night they stood frozen in their places, thinking that the end of time had come. After what seemed to them like a lifetime the Sun Mother peeked her head above the horizon in the East. The earth's children learned to expect her coming and going and were no longer afraid.

At first the children lived together peacefully, but eventually envy crept into their hearts. They began to argue. The Sun Mother was forced to come down from her home in the sky to mediate their bickering. She gave each creature the power to change their form to whatever they chose. However she was not pleased with the end result. The rats she had made had changed into bats; there were giant lizards and fish with blue tongues and feet. However the oddest of the new animals was an animal with a bill like a duck, teeth for chewing, a tail like a beavers and the ability to lay egg. It was called the platypus. The Sun Mother looked down upon the Earth and create new creatures less the Father of All Spirits She gave birth to two children. The god was the the moon. Two children were born to them and became our ancestors. She made them superior to



the animals because they had part of

her mind and would never want to change their shape.

Chamorro/Guam

Puntan, a male, and Fu'una, a female, are brother and sister... A very long time ago, Puntan and Fu'una devised a plan in which their supernatural forces would be put to extremely powerful use. Puntan instructed his sister to take apart his body and create the parts of the world. One of his eyes would become the sun, and the other would be transformed into the moon. Puntan's eyebrows would become rainbows. His back would become the earth.

Fu'una had supernatural powers of her own. She used her energy and spirit to bring to life the parts of her brother's body that now formed the world. With her power, she made the sun shine and the earth blossom. After she completed her task of bringing new life to Puntan's body parts, Fu'una decided to create life out of her body, as she had her brother's. She threw her body into the earth and created Fouha Rock, sometimes called Creation Point. Out of Fouha Rock, the first human beings emerged.

Maoli/Hawai'i

KUMULIPO - Ka Wa 'Akahi

<i>'O ke au i kahuli wela ka honua</i>	Time was altered when the earth became hot
<i>'O ke au i kahuli lole ka lani</i>	Time was altered when the sky turned inside out
<i>'O ke au i kuka'iaka ka la</i>	A time when the days were dark
<i>E ho'omalalama i ka malama</i>	Brightened only by the moon
<i>'O ke au o Makali'i ka po</i>	A time of Makali'i
<i>'O ka walewale ho'okumu honua ia</i>	The earth originated in slime
<i>'O ke kumu o ka lipo i lipo ai</i>	With its origins in darkness
<i>'O ke kumu o ka po i po ai</i>	With its origins in night
<i>'O ka lipolipo, 'o ka lipolipo</i>	Darkness, darkness
<i>'O ka lipo o ka la, 'o ka lipo o ka po</i>	Darkness of day, darkness of night
<i>Po wale ho'i</i>	Engulfed in night
<i>Hanau ka po</i>	The night gives birth
<i>Hanau Kumulipo i ka po, he kane</i>	Kumulipo gives birth at night to a male

In our Creation, darkness becomes light. We are part and parcel of and related to all things. All of the ocean's living creatures and those on land and in the sky are *kinolau* (related) to one another and part of our family as well. We come from the source - the clam, the soil, or the surrounding seas. The natural environment is part of us and we a part of it. Even our rocks carry within them the embodiment of our ancestors, faces from another time.

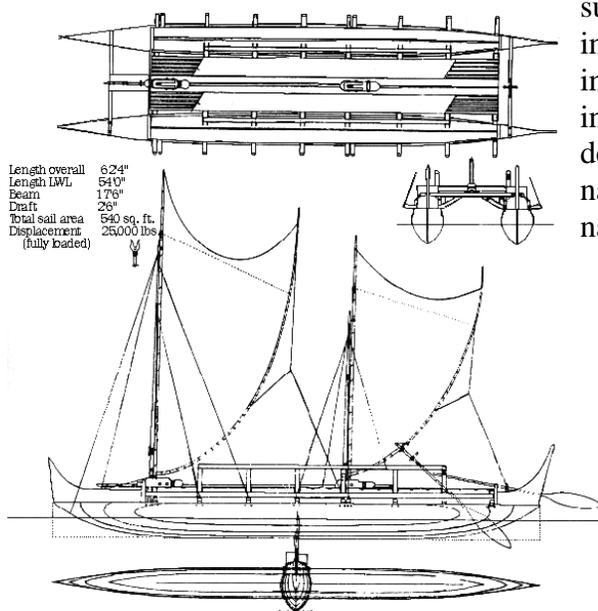


Our road maps are the stars, the ocean currents, and the prevailing winds. The canoe (*waka, wa'a, camakau, sakman*) is our transport system. It provides us with safety and gives us a vehicle to traverse the pathways of the seas (*ke ala o ke kai*).

Our history is one of voyaging and exploration. Our double-hauled canoes (*va'akaulua, wakatou'ua va'atele, tipairua, tongiaki, ndrua*) have sailed across the great oceans from Australia to the Americas, from Hawai'i to New Zealand. We honor the great exploring exploits of Ru, Laka, Karika, Tangiia, Nuku, Hema, Tafa'i, Vahieroa, Rata, Hiro, Mahuta, Kupe, Wahanui, Mo'ikeha, Kila, Kaha'i, La'amaikahiki, Tupaia, and, most recently, Mau Piailug.

Our leaders, our chiefs (*adi, ali'i, ariki, ari'i, ratu, tui, tu'i*) - Malietoa, Kamehameha, Pomare, Lavelua, Taufa'ahau, Makea, Abba Thule, Lamari, Linani, Cakobau, Lili'uokalani, Ma'afa, and Karaok- remain living legacies to our political past, a past marked by our more recent struggles with stronger political powers from the East and West including Spain,

Germany, England, Japan, and the United States. In spite of initial repression and suppression by our colonizers, we remain steadfast to our heritage which now includes not only our traditional culture but also semblances of these other intervening cultures. We wrestle with how best to blend these many semblances into modern societies that make sense to us. We continue to struggle in developing political structures that make sense for us. Today, we are independent nations, territories, and smaller political divisions within the fabric of larger nations, but we all come from one cloth as island people.





We come from the oral tradition. We are expert at seeing what is not said and understanding what is not read. Our stories and legends contain our history, and we continue to excel in our abilities to speak the truth as we see it. We retain our values that have been shaped by thousands of years of living on islands, interdependent upon one another for survival yet fiercely independent in terms of maintaining our space. Correct process and protocol are important and sometimes vital to our daily living.

When we greet you or bid you farewell until our paths cross once again, we do so from the very inner essence of our soul with the breath that we breathe. And, though now the foreign way may be to clasp hands, we do so still within the true feelings of *alofa, aloha, aroha, aroa, bulabula, bula vanaka, kia orana, kia ora, hafaadai, Isa lei* and *Ia ora*.

Our families form the basis of who we are. We value our elders for their knowledge and life experiences, remembering that we are but the most recent of generations and have multitudes of elders (kūpuna, tūpuna) resting upon our shoulders or perhaps upon whose shoulders we are standing. We are the sum total of their former lives, and it is from them that we garner strength in times of need. Knowing our genealogy is the means by which we honor those who have come before us.

We do best when we work together. Many (laulima). Our ancestors taught us this. Our themselves – Lelu, Nan Madol, Latte stone Chamorro Star Cave, Tia Seu Lupe (star Heiau o Pu'ukoholā, Heiau o Pi'ilanihale,



hands make the task light great works speak for construction, Taga quarry, mounds), Kukaniloko, Moai, Pu'uhonua o Honaunau, Kiki a

Ola, and Taputapuatea. And these are but a few of our elders' legacies. Their lessons teach us that the group is more important than the individual. True leadership emerges from the group and includes reciprocity. In order to lead, a leader must provide.

We are spiritual people. We believe in what we believe. We respect and honor our family guardians and traditional practices, yet, we are of this world and call upon today's religions for help and salvation. Our faith gives us hope and our culture gives us strength.



We are a healthy people made weak by behaviors foreign to our culture. Our culture survives through our dances, sports, foods, crafts, traditional healing practices and medicines, relationships and values, spirituality, and languages. But

our families have tasted the ill-effects of war and, more recently, nuclear testing, and foreign substances and drugs. Our traditional sources of sustenance have been broken.



Our traditional foods have provided us with sustenance for life for thousands of years. Our staple taro (*kalo*) is our older brother and we thrive on yams (*'u**f**i*, *u**h**i*), manioc (*manioka*), coconut (*niu*), seaweed (*limu*), bananas (*mai'a*) and the later Americas' import, sweet potato (*kumara*, *kumala*). The pig, dog, and chicken as well as fish and other ocean creatures of all varieties gave us our protein and made our bodies strong. Today, many of us and our children hunger on foreign foods which have sapped our energies and destroyed our health.

Our children are entrenched in foreign ways beamed into our communities through "boxes"-radios, movie screens, televisions, and computers. Our sharing of resources through our own labors (*inafa`maolek*) and our barter systems (*rai*, *udoud*, *toluk*) have been replaced by paper and metal coin. Though we live in changing times, we must find ways to hold fast to our cultural values appropriate for today's living. We must recapture our spirit and remold ourselves in ways that will provide us sustenance for our voyages in this new millennium yet keep us true to who we are and balanced in our lives, respecting who we are and our relationship with our environment and with our creator (*lōkahi*). We need to be *pono* (righteous)

In times past, our canoe was small and fashioned for survival on one ocean. Our new canoe must be large enough to carry with it the hopes and dreams of all our peoples and their families across many oceans. It still is a voyage for survival. For this voyage, we all need to be healthy



and well. This is our challenge today.

PAPA OLA LŌKAHI JUNE 2007

ATTACHMENT 3

Examples of Non-Compliance

In this attachment are examples of websites and reports which have not fully complied with OMB's revised standards for reporting racial and ethnic data. Examples are from federal agency and from private foundation websites. Additionally, three comprehensive reports are attached which are extremely well done except for the fact that NHOPI data is not fully presented and/or masked by an API or AAPI framework. One can clearly ascertain how important the information conveyed in these reports would have been to further a NHOPI health agenda had the researchers collected and reported data in accordance with OMB's revised standards.

WEBSITES: Federal Agencies

<http://www.cdc.gov/omhd/Highlights/2005/HMayo5.htm>
<http://www.cdc.gov/nchs/otheract/grants/minpop/a-pi/a-pi.htm>
<http://www.chcnpin.org/scripts/population/api.asp>
<http://www.cdc.gov/omhd/Populations/NHOPI/NHOPI.htm>
<http://mentalhealth.samhsa.gov/cre/fact2.asp>
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4927a3.htm>

WEBSITES: Private Foundations

<http://www.rwjf.org/programareas/features/digest.jsp?id=4895&pid=1138&gsa=1>
<http://www.rwjf.org/programareas/resources/product.jsp?id=14520&pid=1142&gsa=1>
<http://www.rwjf.org/pr/product.jsp?id=15406&topicid=1180&gsa=1>
<http://www.kff.org/minorityhealth/7187.cfm>
<http://www.kff.org/uninsured/1525-index.cfm>
http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=233817

Federal Studies:

National Institutes of Health. "Millions of Asian Americans and Pacific Islanders at Increased Risk for Type 2 Diabetes," National Institute of Diabetes and Digestive and Kidney Diseases, National Diabetes Education Program, September 29, 2004.

Jacques-Carroll, Lisa. "Expected Births to HBsAg-Positive Women & Case Identification," Centers for Disease Control and Prevention.

Private Foundation Reports:

W.K. Kellogg Foundation. "Asian American Pacific Islander Health Convening," Proceedings Summary, Michigan, 2006.

Asian Americans/Pacific Islanders in Philanthropy. "Growing Opportunities," June 2007.

The Henry J. Kaiser Family Foundation. "Key Facts – Race, Ethnicity & Medical Care," January 2007.