



ADVOCATES FOR
COMMUNITY
HEALTH

April 27, 2023

Shalanda Young
Director
Office of Management and Budget (OMB)
c/o Interagency Technical Working Group on Race and Ethnicity Standards
1650 17th Street NW
Washington, DC 20500
1650 17th St. NW, Washington, DC 20500

RE: OMB-2023-0001 Initial Proposals for Updating OMB's Race and Ethnicity Statistical Standards
Sent via electronic transmission at [regulations.gov](https://www.regulations.gov) and Statistical_Directives@omb.eop.gov

Dear Director Young:

Advocates for Community Health (ACH) is comprised of leading federally qualified health centers (FQHCs) focused on health equity and innovation to drive health care systems, policies, and health programs. Our members serve over two million people and provide high-quality, comprehensive primary health care, mental health services, preventive care, and social services to patients most in need. By mission and definition, all community health centers (CHCs) provide high-quality care regardless of a patient's ability to pay. We serve primarily marginalized populations, 90% of whom are at or below 200% of federal poverty levels, including BIPOC (Black, Indigenous, and people of color) individuals, underinsured or uninsured patients, veterans, and patients experiencing homelessness or living in low-income households.

ACH appreciates the opportunity to comment on the [OMB-2023-0001 Initial Proposals for Updating OMB's Race and Ethnicity Statistical Standards](#) for OMB's 1997 Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity (SPD 15). ACH's cross-cutting priority of health equity means removing the barriers that prevent people from being healthy – systemic racism, poverty, and lack of access to economic mobility. Ultimately, we seek a nation where we no longer have disparities in health outcomes by race and ethnicity. The data we collect is vital to properly document where disparities exist and have improved, especially for current administration initiatives of improving health equity, maternal health, and mental health.

We offer the following recommendations:

Update OMB Race and Ethnicity Categories

Research shows OMB guidelines do not reflect how people actually identify their race and ethnicity,

despite their use in the Census and other forums.^{1 2} More than 1 in 7 people in the United States are considered “Some Other Race” in Census data, in part because the available categories do not accurately capture individuals with Hispanic ethnicity and people from the Middle East and North Africa (MENA) regions.³ Accordingly, published medical research often does not use OMB categories for race and ethnicity, because data is not reported consistently, categories vary, and some researchers focus on binary or fewer terms for ease of aggregating data. For original research published in the New England Journal of Medicine (NEJM), JAMA, The Lancet, and the American Journal of Epidemiology (AJE) in 2020, less than 5.0% of all articles used OMB race and ethnicity categories.⁴

Specific Recommendations: ACH recommends adding Middle East and North Africa (MENA) as a new minimum category, to better account for the ethnic background of people in the United States. Additionally, OMB should consider gathering data on individuals’ specific Spanish or Latino/a heritage or lineage to better understand individuals’ backgrounds, especially those who have a mixed heritage.

Align Data Categories with Other Research and Initiatives

We urge OMB to streamline and coordinate race and ethnicity category changes and data across different federal programs. We highlight several examples below that could benefit from streamlining race and ethnicity categories.

State level data for state agencies and federal agencies: To help improve the ability of states to adhere to data reporting requirements to different government agencies, including but not limited to the Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration. ACH suggests that OMB align data standards across agencies, especially with work conducted by the Assistant Secretary for Planning and Evaluation and the Centers for Medicare and Medicaid Services (CMS) and their Office of Minority Health for HHS and health related data priorities across the agency, Medicaid, and Medicare programs.

Health Center Data: Community Health Centers must report data for their patients to the Health Resources & Services Administration’s Uniform Data System (UDS). Use of uniform race and ethnicity categories across the federal government, including in UDS, is key for data transparency and cross-cutting health equity understanding.

Private Health Insurance, Medicaid, and Medicare Data: Recently, CMS announced the Universal Foundation, which aims to align quality measures across different CMS programs.⁵ Uniform, streamlined race and ethnicity data for quality measures, including for private insurance plans and CMS programs, is vital for improving care quality and health equity.

¹ <https://nap.nationalacademies.org/catalog/12696/race-ethnicity-and-language-data-standardization-for-health-care-quality>

² Friedman DJ, Cohen BB, Averbach AR, Norton JM. Race/ethnicity and OMB Directive 15: implications for state public health practice. Am J Public Health. 2000;90(11):1714-1719. doi:10.2105/ajph.90.11.1714

³ <https://www.npr.org/2021/09/30/1037352177/2020-census-results-by-race-some-other-latino-ethnicity-hispanic>

⁴ [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(23\)00080-9/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00080-9/fulltext)

⁵ <https://www.nejm.org/doi/full/10.1056/NEJMp2215539>

Provide Implementation Guidance, Technical Assistance, and Best Practices

OMB categories impact data collection, tabulation, analysis, and reporting. We request OMB provide guidance and technical assistance for how to handle missing data, disaggregating data for specific research needs, crosswalk categories, and mapping to other data collection standards. Some states have implemented such guidance, such as Connecticut, which offered Race, Ethnicity and Language Data Collection standards, implementation plans, race and ethnicity definitions, and implementation guide.⁶ We suggest OMB work with the Office of the National Coordinator for Health IT to establish standards and advance interoperability of data.

Consider Funding for Health Equity Initiative Implementation and Evaluation, Especially for Health Centers

Health centers are national leaders in pursuing greater health equity and should be compensated for the structural and community-led work to achieve it. As OMB considers updating race and ethnicity standards, we urge OMB to also consider the provision of funding for health centers to integrate these changes, especially for updating electronic medical records and IT infrastructure. We also urge OMB to promote and fund the evaluation of these standards, including for measurement of the diversity of the health care workforce.

Consider Updating Other Data Standards

ACH urges OMB to consider updating, coordinating, and streamlining other data categories across federal agencies as well, including but not limited to LGBTQ+ communities and capturing disability status categories.

Conclusion

ACH thanks OMB for the opportunity to provide comments for updating OMB's race and ethnicity statistical standards. For more information, please contact me at apearaskelly@advocatesforcommunityhealth.org or direct your staff to contact Stephanie Krenrich, our Senior Vice President of Policy and Government Affairs, at skrenrich@advocatesforcommunityhealth.org.

Sincerely,



Amanda Pears Kelly
Chief Executive Officer

⁶ <https://portal.ct.gov/OHS/HIT-Work-Groups/Race-Ethnicity-and-Language>