AMERICAN LUNG ASSOCIATION.

April 28, 2017

Office of the U.S. Chief Statistician
Office of Information and Regulatory Affairs
Office of Management and Budget
1800 G Street, 9th Floor
Washington, D.C. 20503

Re: OMB Race and Ethnicity Data Standards (OMB-2016-0008)

Dear Office of the U.S. Chief Statistician:

The American Lung Association appreciates the opportunity to submit comments on the Office of Management and Budget's (OMB) proposals from the Federal Interagency Working Group for Revision of the Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity.

The American Lung Association strongly encourages OMB to update the government's standards for collecting race and ethnicity data. These standards have not been updated for 20 years and in that time the demographic make-up of the country has shifted. It is crucial that the race and ethnicity standards take into account the growing diversity of the country. Without sufficient and appropriate racial and ethnicity categories, information and statistics will become unreliable and potential disparities will not be discovered.

The Lung Association encourages OMB to update the data collection standards to include additional sub-groups from the Asian American, Native Hawaiian or Pacific Islander (NHPI) and Hispanic or Latino populations. Expanding these three categories would provide a more accurate picture of the respective populations.

For example, smoking prevalence among Asian Americans is reported at 7 percent by the Centers for Disease Control and Prevention (CDC)[1], well below the national average of 15.1 percent. However, 7 percent is not the whole story. More detailed data from 2013 show wide differences in the smoking rates of Asian sub-groups; for example, Chinese Americans and Asian Indian Americans smoke at rates of around 7.6 percent, while Korean Americans smoke at a rate of 20 percent. By knowing the different characteristics of Asian American or other sub-populations, targeted efforts can be made to better serve these populations.

Advocacy Office:
1331 Pennsylvania Avenue NW, Suite 1425 North
Washington, DC 20004-1710
Ph: 202-785-3355 F: 202-452-1805

Corporate Office:
55 West Wacker Drive, Suite 1150 | Chicago, IL 60601
Ph: 312-801-7630 F: 202-452-1805 info@Lung.org

Without detailed data, it will be more difficult to understand trends in various populations and meet the needs of these communities. More specific data, especially for the Asian American and NHPI populations (into Filipino, Hmong, Marshallese, Fijians, Taiwanese, Laotian) will give a more accurate and nuanced picture of the population. It is critical that OMB issue a new standard to require the collection of detailed data on the Asian American and NHPI populations. By issuing a standard that requires the collection of this data, research will be able to be compared, within clear categories.

With respect to specific guidelines for detailed collection for the Hispanic or Latino race and ethnicity data, the Lung Association encourages OMB to adopt the National Content Test (NCT) format, which would collect data in separate sub-categories for Mexican/Mexican Americans, Puerto Rican, Cuban, Salvadorian and Columbian. Data collected in these sub-categories will provide a more accurate picture of the health of the respective communities. There are health disparities within the Hispanic or Latino category itself. For example, the asthma burden differs dramatically within the larger Hispanic or Latino category. According to 2009 Institutes of Medicine (IOM) report, Puerto Rican children have an asthma burden of 26 percent. By contrast Mexican American children had an asthma burden of 10 percent. This detailed information allows for better and more targeted public health interventions.

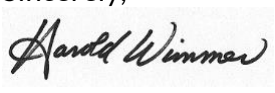
However, it is not only childhood asthma rates that differ within the Hispanic or Latino category – smoking rates vary too. According to the same IOM report over 25 percent of Puerto Ricans smoked but only 13.9 percent of those who identified as Dominican smoked. This detailed data shows that the current race and ethnicity reporting standards are outdated, not accounting for the vast variations within broad sub-populations.

From a public health perspective, detailed race and ethnicity data will allow public health professionals to tailor interventions designed to reduce tobacco use, cancer prevalence, morbidity and premature death. While this data might not have been able to have been collected in past years, the populations of both Asian and Hispanic Americans and NHPIs have grown significantly between 2000 and 2010 by 40 percent and 45 percent respectively. The current standards do not reflect the diversity in the United States and within these populations. It is time that OMB issue standards that accurately reflect the population.

The American Lung Association also requests that OMB collect data on gender identity and sexual orientation. While not part of race and ethnicity, gender identity and sexual orientation are another key piece of demographic data that can inform future research and public policy.

Thank you for the opportunity to comment. The Lung Association is happy to answer any questions you might have.

Sincerely,



Harold P. Wimmer
National President and CEO

[1] https://www.cdc.gov/tobacco/campaign/tips/resources/data/cigarette-smoking-in-united-states.html