Exposing the Toll of COVID-19 on "Hidden" NHPI Populations:
Recommendations for Data and Policy Action

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Disaggregating the NHPI Category in COVID-19 Data

The 1997 OMB Directive 15 mandates federal statistical agencies to collect and report data on Hispanic/Latino ethnicity and five major racial/ethnic groups: American Indian/Alaska Native, Asian, Black or African American, Native Hawaiian/other Pacific islanders (NHPI) and White. However, in many public facing data systems, the NHPI category is not reported, or aggregated in an "other race" category, or are aggregated with the Asian group. Currently, only 21 states report on Covid-19 statistics for NHPIs. Of the states reporting, the NHPI population is often ranked 1 or 2 in the COVID-19 case rates and death rates among racial/ethnic groups.

The Native Hawaiian and Pacific Islander label encompasses over twenty communities, each with their own distinct traditions, languages, and relationships with the United States. This has led to significant socio-economic disparities related to the different historical relationships between various NHPI groups and the U.S. Among the key findings for this diverse population are the following:

- Native Hawaiians and Pacific Islanders are overrepresented in occupations that are particularly vulnerable to the spread of COVID-19 such as meat processing plants and healthcare services.
- Overall, NHPI populations have lower median age, income as percent of poverty, and educational attainment compared to the total US population and are more likely to live in multigenerational homes and to be immigrants than the general U.S. population.
- California is home to the largest population of non-Hispanic, single race Native Hawaiians and Pacific Islanders (NHPI) compared to other states. About 59% of all NHPIs have settled into three states: California (25%), Hawai'i (24.8%), and Washington (8.6%). Given California's large NHPI population and the diversity of NHPI groups, analysis of data from California offers an opportunity to examine disaggregating NHPI data.
- In terms of COVID mortality, a substantial proportion of death about 47% in the under 65 age group suggesting that there are additional factors that increase risk of death for the younger population of NHPI and equitable emphasis on efforts targeting younger population needs to be bolstered.
- In 2020, among the working age population (18-64 years) Samoans had the highest share of COVID-19 deaths (30%) among NHPIs in CA. While Samoans represent about 14% of the total NHPI population, they represented over 34.1% of all deaths.

- Among Fijians, Tongans, and Samoans, more deaths were in the 18 to 64 age group than in the 65+ age group, a shocking departure from trends we have witnessed in other race groups in which the 65+ age group is the hardest hit.
- NHPIs face a combination of high rates of poverty, disproportionately reside in high density multigenerational households, relatively lower higher education attainment, and overrepresentation in high-risk essential workforce occupations.

Recommendations:

- Given the socioeconomic diversity of the NHPI group, there should also be disaggregation of data for NHPI subpopulations. Data for NHPIs should be collected separately from Asian Americans, and from other race categories.
- Public data systems should report disaggregated NHPI statistics as a separate race group and make disaggregated data available to the public for analysis.
- Agencies should make efforts to lower these costs for communities like NHPIs who are underrepresented, so that community researchers have equitable and ethical access to data. This suggestion is most relevant to states with the highest population of NHPIs which include California, Hawaii, Washington, Utah, Texas, Nevada, Florida, Arizona, Oregon, and Arkansas.
- CDC's COVID-19 surveillance system currently depends on reporting from local and state health agencies that represent an inconsistent patchwork of data collection and reporting practices. The lack of uniformity and representation of NHPIs in the data presents serious challenges to researchers attempting to accurately measure the depth of COVID-19's impact.
- Adopt, at a minimum, the draft 2020 Census form that was proposed prior to the previous Presidential administration, for race and ethnicity data.
- If data from sub-categories must be restricted due to privacy requirements, intermediate rollup categories that are already defined and utilized by the U.S. Census could be utilized (e.g., Melanesian, Micronesian, and Polynesian).
- Geography-based indices on social vulnerabilities such as the Healthy Places Index (HPI) may underrepresent NHPI vulnerability related to COVID-19. Measures such as the HPI need to be augmented by other domains such as the proportion of limited English proficiency or language spoken at home, and the proportion of multigenerational and multifamily households. This could enhance strategies to target the most vulnerable segments of the NHPI population.
- Stronger partnerships are needed between government, academic, and community-based organizations in order to increase health insights on the NHPI population. For population health surveys, NHPI sample sizes

need to be increased, or special NHPI surveys need to be applied to contextualize the findings.

- Egalitarian relationships, open communication, and sensitive outreach to NHPI community organizations should be fostered to improve data collection and quality.