

# DATA JUSTICE

About Us, By Us, For Us



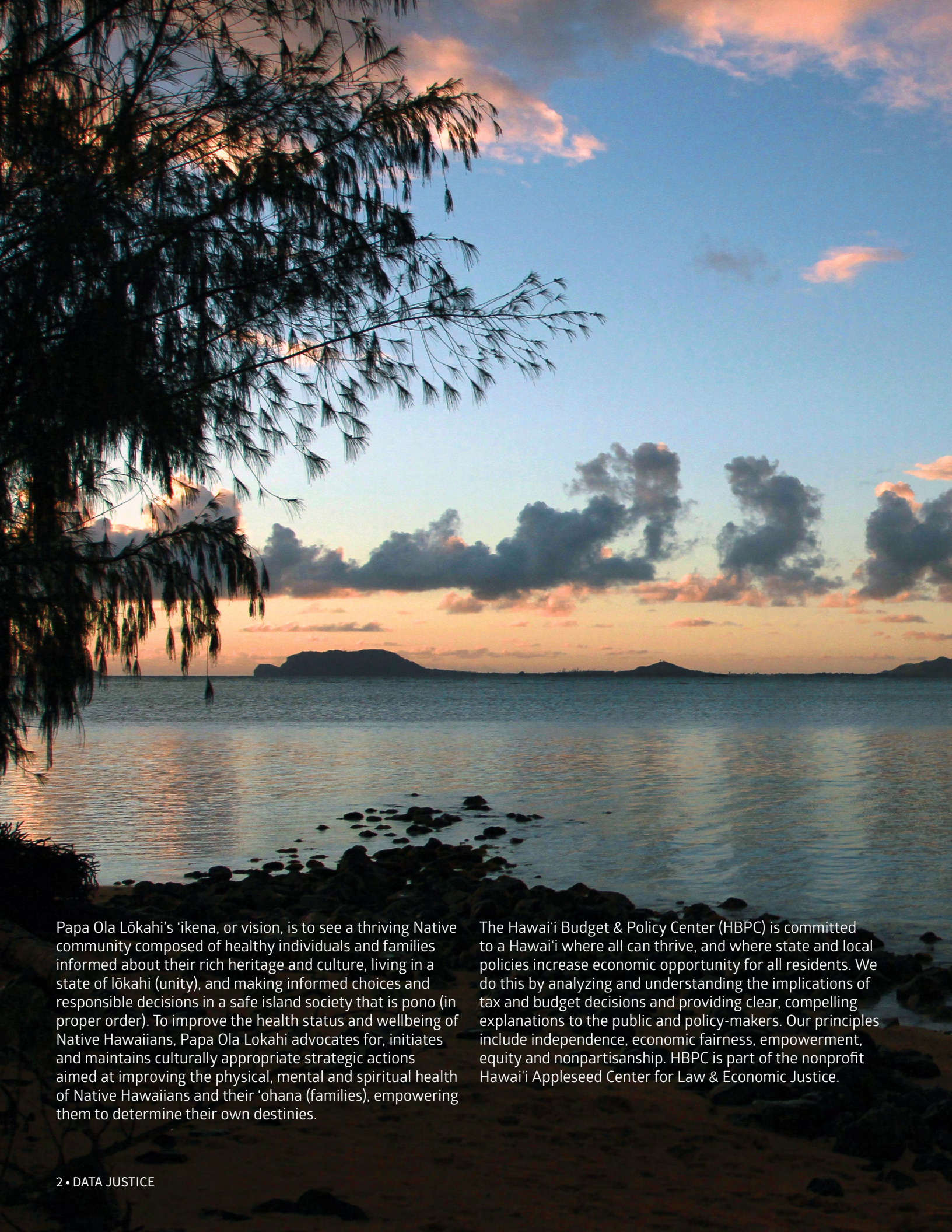
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Improving  
Hawai'i's data  
policy to better  
serve Native  
Hawaiians.





Papa Ola Lōkahi's 'ikena, or vision, is to see a thriving Native community composed of healthy individuals and families informed about their rich heritage and culture, living in a state of lōkahi (unity), and making informed choices and responsible decisions in a safe island society that is pono (in proper order). To improve the health status and wellbeing of Native Hawaiians, Papa Ola Lokahi advocates for, initiates and maintains culturally appropriate strategic actions aimed at improving the physical, mental and spiritual health of Native Hawaiians and their 'ohana (families), empowering them to determine their own destinies.

The Hawai'i Budget & Policy Center (HBPC) is committed to a Hawai'i where all can thrive, and where state and local policies increase economic opportunity for all residents. We do this by analyzing and understanding the implications of tax and budget decisions and providing clear, compelling explanations to the public and policy-makers. Our principles include independence, economic fairness, empowerment, equity and nonpartisanship. HBPC is part of the nonprofit Hawai'i Appleseed Center for Law & Economic Justice.





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A photograph of a traditional thatched hut with a steep, conical roof made of dried palm fronds or similar natural materials. The hut is situated in a lush, green forest. The text "EXECUTIVE SUMMARY" is overlaid in large, white, bold, sans-serif capital letters across the center of the image.

# EXECUTIVE SUMMARY



**THE VALUE** of public programs lies in their ability to help people be as healthy, productive and self-reliant as possible. We expect these programs to be good stewards of public funds, wisely focusing resources and expertise to support the well-being of citizens.

Designing and investing in effective public programs is of special concern to Native Hawaiians, the indigenous population of these islands, because statistically they still face disproportionate rates of poor indicators in health, wealth and other social determinants. Native Hawaiians hold the cultural knowledge to establish unique and targeted solutions to improve their own well-being.

Native Hawaiians have a long history of health, resilience and competence. Pre-contact Hawaiians established an orderly, well-organized society and developed expertise in engineering, ecology, farming, fishing and navigating across vast expanses of open ocean.

Native Hawaiians continue to be accomplished artists and artisans. They perform hula, songs and chants; create feather work and woven articles; and craft wooden objects, such as canoes, bowls and bottles. Their society values ‘ohana (family) and an assured place and a role for all members.

The first Western visitors found a thriving native populace characterized by strength and good health. Over the past 200 years of colonization,

however, Native Hawaiians have been the object of discrimination; suffered depopulation; and had to fight to retain their language, culture and land.

We recognize that Hawai‘i hosts other ethnic populations that face discrimination, cultural loss and poverty, notably immigrants and migrants from other Pacific nations, the Philippines and Southeast Asia. While the material needs of all may be similar, each group comes with unique differences. For Native Hawaiians, Hawai‘i is their one and only homeland, so healing injustices and inequities needs to be addressed here.

### A PATH FORWARD

How can we ensure that public programs are addressing the greatest needs and achieving the best results for Native Hawaiians? The initial and most fundamental actions must be to:

1. Collect and use data to identify needs;
2. Design and evaluate programs; and
3. Decide how much money to spend on them.

Collecting, analyzing and utilizing data sets the course for state program development and improvement. Yet, our research revealed that state programs’ data practices fail to adequately detail needs and successes of Native Hawaiians. Some programs combine Native Hawaiian and Pacific Islander

demographic data and don’t break out Native Hawaiians from other multi-racial clients. Furthermore, state programs normally do not consult with communities about what data should be collected and how the data will be used.

In our research, we also heard about state programs that use Native Hawaiian data concerning poverty and high health risks to gain federal funding, but fail to track whether or not funds were used to help Native Hawaiians.

Those programs did not respond to our inquiries, so our report could not confirm these practices. However, if state programs are awarded funds because of the needs recognized in marginalized communities but fail to design and measure outcomes for those communities, then the state is exploiting the communities and their data.

To rectify data injustice and exploitation, state agencies and programs need to collect enough detail to reveal the full story of Native Hawaiians. The type of data collected also needs to include strengths and successes of Native Hawaiian communities, not just their deficits and poor outcomes. Data should identify a community’s assets and self-determined goals to enhance and support those in need. In this way, public funds can be equitably and effectively allocated. The funding could go to those most in need and build upon successful efforts within the Native Hawaiian community.





### SOLUTIONS

This report identifies three essential elements to improve the collection and use of data in a just approach for the Native Hawaiian people.

- 1. Disaggregation.** Collect and release detailed data that differentiates characteristics such as race, ethnicity, age, gender, income, geographic area or other particulars.
- 2. Self-Determination.** Include Native Hawaiians and other targeted populations in the decision-making process to determine what kinds of data should be collected, how programs will collect it, and how the data should be used. This approach is also called “data sovereignty.”
- 3. Consultation.** Design programs with recommendations from Native Hawaiians, incorporating their experiences and successes in serving those being aided.

### NEXT STEPS

To effectively disaggregate, empower and consult, Hawaii’s public programs should take the following actions:

- 1. Seek council.** Convene Native Hawaiians and other stakeholders to explore and develop standards for data disaggregation and use, self-determination and design consultation.
- 2. Set standards for disaggregated data collection.** Develop and implement a policy requiring standardized data collection across all branches, departments, and programs. This policy should specify what characteristics (such as race/ethnic identification) the data will describe; how and why data will be collected and reported; and what strategies will be used for reducing “unreported” responses.
- 3. Design programs in partnership with communities.** Tailor programs to the people they are intended to serve. The communities that will be affected by program changes must be invited to the table, so their cultural knowledge, skills and goals are included in service design.
- 4. Require program evaluations to use disaggregated data.** Collect and analyze disaggregated data for evaluation outcomes to assess how effectively programs reach and support Native Hawaiians and other marginalized groups.
- 5. Allocate program resources equitably with the aid of good data.** Allocate resources and investments in a manner that is proportionate to the level of need by populations and communities. Ensure investments prioritize cultural solutions to improve effectiveness of services for Native Hawaiians.





**FOR MORE** than a thousand years, the native people of Hawai'i were self-reliant, self-governing, thriving and healthy. They maintained a family-oriented society, and built and passed on knowledge of farming, fishing and navigation. They were inventive, creating tools and arts that fit island circumstances.

The wellbeing of Native Hawaiians was seriously undermined by Western colonization and the illegal overthrow of the Hawaiian monarchy in 1893. The overthrow dispossessed Native Hawaiians of land, culture, language and self-determination. This history is reflected now in the lives of many Native Hawaiians who are at increased risk for poverty, homelessness, poor health, arrest and incarceration.

Despite the disadvantages imposed on them, Native Hawaiians have proven their resilience. Since first contact with

Europeans, resistance movements have shown the undying and unwavering strength of Hawaiians. Language and cultural revitalization movements in the past 50 years have fostered a sense of unity and pride across every generation, and inspired action to redress government wrongs, to reclaim indigenous land and culture, and to exert self-determination.

Although regressive public policy and discriminatory attitudes over the years have undermined the position of Native Hawaiians, progressive public policy can be implemented to help re-establish self-determination and wellbeing.

Starting in 1920, federal laws were passed to reverse some of the damage to Native Hawaiians caused by the monarchy's overthrow and seizure of lands. These federal provisions have been only partially successful, yet they point toward empowering concepts and

strategies that could be more effectively implemented. For instance, preferential treatment for Native Hawaiians should be due not to race but to their status as the indigenous people of Hawai'i who never relinquished their legal rights to sovereignty and land.

The State of Hawai'i has an ethical responsibility to the native people of these islands to strengthen services that support Native Hawaiian self-determination, and to improve program design for more effective support. This strategy must build Native Hawaiians' long-term capacity to again be self-reliant, productive and healthy. A necessary starting place for this is to improve the state's ability to collect data specific to Native Hawaiians and to use it to understand needs and strengths, to design and evaluate programs, and to invest resources that support their wellbeing.





# THE NEED FOR AND USE OF DISAGGREGATED DATA



# I KA NĀNĀ NO A 'IKE.

## BY OBSERVING, ONE LEARNS.

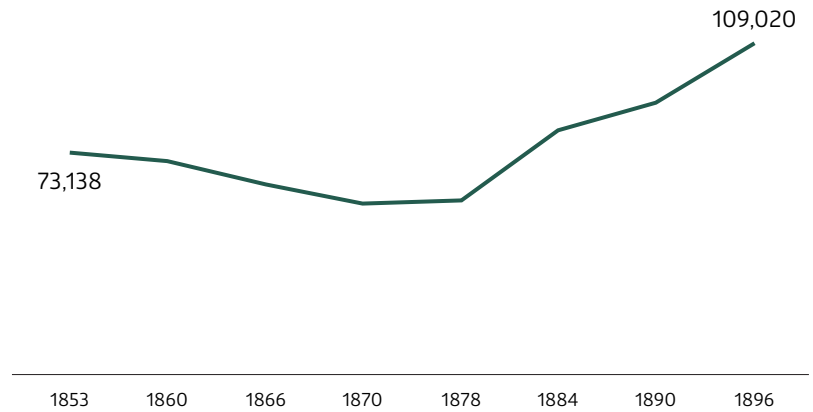
### DISAGGREGATING DATA ON HISTORICAL INJUSTICE

In 1778, the Hawaiian archipelago was home to 300,000 or more Native Hawaiians. In 1853, five years after the Great Mahele, an act that redistributed much Hawaiian land to foreign property owners, the population of the Hawaiian Islands had been reduced by three-quarters. By 1872, less than 100 years after Western contact, Native Hawaiian population had plunged to a mere 19 percent of the pre-contact population.

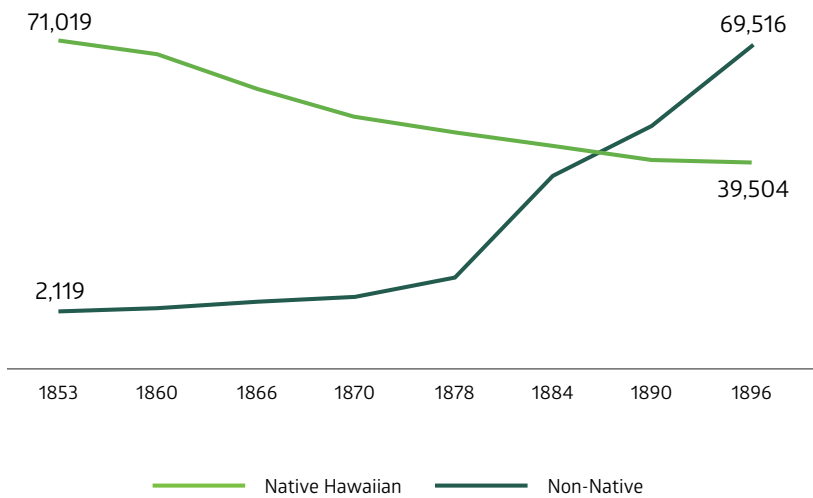
Soon after, as the economy grew, Hawai'i's non-Native Hawaiian population started to expand. By 1896, shortly after the overthrow of the Hawaiian Kingdom, Hawai'i's total population had doubled. Although this would appear to describe a remarkably positive population rebound, Native Hawaiians numbered fewer than 40,000 by the 1893 overthrow. This is one of the first examples of how aggregated data masked the grim history of disease and disenfranchisement for Native Hawaiians.

Just as disaggregating historical statistics uncovers systematic injustices of the past, incorporating disaggregation in modern data will reveal disparities for Native Hawaiians today and uncover where we can begin historical racial healing. The power to obscure or reveal information through disaggregated data is illustrated in **Figures 1 and 2**.

**Figure 1.** Total Population of Hawai'i, 1853–1896



**Figure 2.** Native, Non-Native Populations in Hawai'i, 1853–1896



Population data source for Figures 1 and 2: Robert C. Schmitt, *Demographic Statistics of Hawaii: 1778–1965*, <http://www.ohadatabook.com/T01-01-11.pdf>





### ADDRESSING SYSTEMIC CONSEQUENCES OF COLONIALISM

Today, Native Hawaiians make up a large and growing part of Hawai'i's population. According to data collected from 2011–2015 in the American Community Survey,<sup>1</sup> 21 percent of the overall state population was part- or full-Native Hawaiian, making it one of Hawai'i's five largest ethnic groups.

Notably, more than 34 percent of Hawai'i's children under age 18 were part- or full-Native Hawaiian, and their importance to Hawai'i's future gives greater weight and urgency to the issue of collection and use of disaggregated data for public policy and program development.

Data collection for Native Hawaiians merits special consideration by the federal and state governments due to their legal status as the indigenous people of Hawai'i. The Hawai'i State Constitution acknowledges the special status of Native Hawaiians, recognizing the state's continuing obligation to uphold the Hawaiian Homes Commission Act of 1920 and

establishing the Office of Hawaiian Affairs (OHA).

The legislature appropriates funding to OHA and the Department of Hawaiian Home Lands (DHHL) as part of the state budget, and approves the chair and members of the Hawaiian Homes Commission. OHA receives annual revenue through the Public Land Trust fund. The federal government also appropriates funding to specially designated programs for Native Hawaiian-serving organizations, including to DHHL through the Native American Housing Assistance and Self Determination Act.

Through special programs, the state has attempted to address the systemic consequences of colonization, dispossession and overthrow. For example, to improve the health and wellbeing of Native Hawaiians, the State passed Act 155 (2014),<sup>2</sup> in which the legislature codified a commitment to develop policy changes that would eliminate "health disparities by identifying and addressing social determinants of health" for Native

Hawaiians, other Pacific Islanders and Filipinos.

However, as our report findings show, the state often fails to track whether special programs, such as this act, actually achieve goals set by policymakers. Without detailed data that is disaggregated and culturally sensitive, policymakers and communities cannot improve social determinants and health status of Native Hawaiians.

### USING DATA FOR BETTER PUBLIC POLICY

There are significant differences in the history, life experiences and viewpoints among all racial, ethnic and indigenous groups. These differences affect health, wellbeing, economic opportunity and the ability to achieve one's full potential. This can be seen in the story of Native Hawaiians, who were once healthy and self-reliant but are now at high risk for a variety of social, economic and health disadvantages. These disparities come clearly into focus wherever data is disaggregated



to identify Native Hawaiians separately from other groups.

One of the chief reasons to collect data is to inform the design of policy and programs. Data reveals problems and solutions, and can be used to show who is in need of resources and how much should be allocated. Unfortunately, all too often in Hawai‘i, a state that prides itself on diversity, Native Hawaiians are unseen in program data. This invisibility not only masks the needs and contributions of Native Hawaiians, but also keeps them from having a say in decisions about program goals, budget, design or evaluation.

## KEY PRINCIPLES TO IMPROVE DATA PRACTICES FOR NATIVE HAWAIIANS

### 1. Disaggregation of Data.

Disaggregated data is information broken down into meaningful component parts. Data may be disaggregated by ethnicity, age, gender, geographic area, or other characteristics that render the information meaningful for various uses. Without disaggregation, data can't reveal disproportionate impacts on key groups. As a consequence, officials may not allocate services and programs effectively and systematic issues continue.

A striking example of how aggregated data hides information important to Native Hawaiians is the National Healthcare Quality and Disparities Report Chartbook on Effective Treatment.<sup>3</sup> This book is used by healthcare researchers and providers to identify trends in health disparities and outcomes of treatment for eight leading health conditions, including cardiovascular disease, cancer, mental health and substance abuse. Because of the report's influence, any inadequacy of data analysis can potentially hinder special attention and resources needed for Native Hawaiians.

Our report finds that for this

2015 report, nearly all of its charts presenting racial/ethnic data were disaggregated only by White, Black and Hispanic. Although some charts provide data for a broader array of groups, including API (Asian and Pacific Islanders) and NHOPI (Native Hawaiian and other Pacific Islanders), only one of the 39 in total provides disaggregated data for Native Hawaiians alone. Yet, outside research shows Native Hawaiians and Pacific Islanders indeed face disproportionate rates in leading health conditions.

If influential reports, like the National Healthcare Quality and Disparities Report Chartbook fail to disaggregate data, then the public, healthcare researchers and providers, and policymakers may never learn of disparities for Native Hawaiians. The practice of aggregating ethnic groups, which differ culturally, historically and socioeconomically, hides their strengths and vulnerabilities, and limits understanding of how to establish targeted solutions.

Inadequate data analysis obscures the wellbeing of Native Hawaiians not only in national research, but also within state agencies. These practices not only render Native Hawaiians invisible, but also limit the state departments' understanding of community needs, people that public programs serve, and the extent to which it is accomplishing its programs goals.

**2. Data Self-Determination.** Data self-determination refers to native peoples reclaiming the purpose and value of data that is collected, analyzed and used by and for their communities.

Through the dominant western lens and a deficiency approach, data often focuses on disparities and damaged people, but self-determined data collection and analysis can document the true wellbeing of indigenous peoples, illustrating their strengths and success. Too often, the approach

to data collection and analysis of disadvantaged communities uses a lens of deficiency, highlighting ills, weakness or dependencies of groups.

Although this approach exposes systematic problems that obviously need solutions, it fails to capture the strengths and cultural values of indigenous peoples, who may have alternative views on measures. For example, an indigenous person's definition of poverty may differ from the dominant western concept of that term if their community is a flourishing network that meets all human necessities despite being poor in material goods.

Indigenous peoples have cultural points of view that are inherently different from dominant western culture. (For a greater understanding of the differences see decades of academic studies and publications that have documented the innumerable ways in which Native Hawaiians' traditional worldview is unique from Hawai‘i's general culture, especially in politics and economics.) So, solutions to systemic issues, particularly those stemming from colonialism, will likely originate within communities.

Data sovereignty places data decisions in the hands of indigenous peoples. This acknowledges the Native Hawaiian community's strengths and puts them in control of the kinds of data gathered, how that data is interpreted, and for what purpose the information will be used. To move forward effectively, the state must work with Native Hawaiians to mold the priorities, strategies and programs that will affect their lives.

Both disaggregating data and data self-determination are needed in order to redefine problems and create solutions that lean on Native Hawaiians' strength, resilience and wisdom. A shortage of thoughtful and specific data can leave both problems and solutions unidentified.



A landscape view of a volcanic crater, likely Crater Lake, with a large tree trunk in the foreground on the right. The sky is blue with some clouds, and the ground is dark and rocky.

# **FINDINGS ON DATA COLLECTION AMONG STATE AGENCIES**



*NEI KA HŌNUA, HE ŌLA'I 'IA.*

WHEN THE EARTH TREMBLES, IT IS AN EARTHQUAKE.

WE KNOW WHAT IT IS BY WHAT IT DOES.

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**WHEN STATE PROGRAMS** disproportionately serve Native Hawaiians, it is vital that they collect disaggregated data to measure program effectiveness. Programmatic success and efficiency is important not only to the wellbeing of Native Hawaiians, but also to the state budget.

While collection and use of disaggregated Native Hawaiian data is needed to guide and evaluate programs and services, state agencies consistently fail to either collect disaggregated data at all, or maintain a common statewide approach to doing so.

Some of the state's public programs of particular interest to Native Hawaiians provide financial support, health coverage, and youth programs at the Hawai'i State Department of Human Services (DHS), and the behavioral health services at the Hawai'i Department of Health (DOH). When these programs fail to help Native Hawaiians, the Judiciary and corrections programs in the Department of Public Safety (DPS) may be the next state "services" a Native Hawaiian family encounters.

In our research, we reviewed the data practices for several public programs that disproportionately serve Native

Hawaiians to evaluate their practices of collecting and reporting on disaggregated data. We also identified programs that are already targeting services and analyzing data to improve program performance. Here are our findings:

**1.** The Judiciary Branch of the state government does not collect and report ethnic or racial data of any kind, even though Native Hawaiians are over-represented in correctional facilities. Lawmakers, advocates and officials have urged the agency to establish a specialized court for Native Hawaiians to recognize and address the unique needs of the population.

In the past, the Judiciary has successfully implemented progressive, specialized initiatives, such as girls court and the HOPE probation program. To implement an initiative for Native Hawaiians, the Judiciary would need to collect disaggregated client data to design, evaluate and budget for its services.

**2.** The Corrections Division at DPS records a wide variety of ethnic information about inmates. Their records show that 37 percent of the people in jails and prisons identify as

Native Hawaiian. However, current data collection only allows people to indicate one race, which may miss data for part-Native Hawaiians. Because of this method, the percentage of Native Hawaiians in the correctional system is likely higher. It is unclear, in any case, if this information is used to design, budget for or evaluate programs to reduce incarceration and recidivism among Native Hawaiians.

A variety of Hawaiian cultural programs are offered in conjunction with corrections services, but they are not funded by DPS. Instead these programs differ from facility to facility and are sponsored by OHA and various nonprofit organizations.

**3.** The DOH Alcohol and Drug Abuse Division (ADAD) has identified Native Hawaiians as one of four groups prioritized for treatment services.

ADAD is exemplary for gathering relevant data. The division collects disaggregated ethnicity data for Native Hawaiians and nine other groups, including "mixed—not Hawaiian."

ADAD reported that 45 percent of its clients were Native Hawaiian in 2016-17.<sup>4</sup> The division is able to estimate treatment needs for





adolescents by ethnic group, grade and gender, and compares data treatment services delivered to judge their programs' efficacy.

4. The DOH Behavioral Health Division acknowledges that Native Hawaiians have elevated risks for poor health status, homelessness and suicide. To address the unique needs and solutions for Native Hawaiians, the Division has implemented targeted programs. For example, it plans to provide services to rural and homeless children on the Wai'anae Coast, who are predominantly Native Hawaiian.<sup>5</sup>

However, despite the intent to target Native Hawaiians, the program collects information in such categories as "Native Hawaiian/other Pacific Islander" and "more than one race," which may include Native Hawaiians of mixed race. The largest number of MHD's clients (29 percent) are

reported as "race not available," which also may include Native Hawaiians.

These three categories obscure the actual number of Native Hawaiians served and, as a result, MHD fails to fulfill the program's intent and purpose of its allocated funding. Comprehensively collecting and disaggregating Native Hawaiian and other ethnic data is vital to helping MHD to effectively plan, evaluate and allocate funding for mental health services for high-risk populations.

5. DHS provides a useful ethnic break-down for some, but not all, of the programs included in its databook. Where ethnic data is available, DHS should be lauded for including a "Hawaiian/Part-Hawaiian" category that is disaggregated from "Other Pacific Islander."

For some programs, data collection is even finer. For example, DHS'

Hawai'i Youth Correctional Facility and Child Welfare Service Branch collects disaggregated data on program participants by ethnic groups to comprehensively evaluate and to efficiently plan services for the disproportionate number of Native Hawaiians served.

DHS's data collection methods are best practices that other agencies may learn from and use.

The preliminary draft of this report was distributed to all agencies and programs for which we reported findings (noted above). All agencies expressed their understanding of the importance of collecting ethnically disaggregated data and acknowledged existing limitations in current data gathering practices.

These agencies are willing to engage in further discussions about the potential to standardize data collection and possible corresponding legislation.





# **COLLECTING AND PUTTING DATA TO USE**







**IMPROVING OUR GOVERNMENT** systems for data collection, disaggregation and use is vital for the many reasons discussed throughout this report. Too often, Native Hawaiians are made invisible in data collection. This is particularly true when state agencies' data collection combines Native Hawaiians with Pacific Islanders, offers only "more than one race" as a category for those who may identify as part-Hawaiian and one or more other ethnicities, or allows a high rate of "unavailable" responses.

Poor data collection also obscures whether or not a program that received funding based on Native Hawaiian statistics actually served Native Hawaiians. Any agency that simply exploited Native Hawaiian data in this way is committing an injustice that should be righted.

Without comprehensive and detailed data, our state agencies cannot truly evaluate and improve their services for the populations they serve. To address the failings that we discovered in our research, Hawai'i's public agencies should take the following actions to disaggregate, decolonize, and consult with Native Hawaiians.

**1. Start with convening.** State agencies should discuss and decide the parameters and purposes for collecting disaggregated data by convening with Native Hawaiians and other stakeholders to discuss best practices that will serve and empower the affected populations served.

These meetings would allow for an exchange of ideas about what data to collect, how to collect it, and how it should be used. This would be a step toward data sovereignty for Native Hawaiians.

**2. Set standards.** To make data more meaningful it must be defined, collected, disaggregated and reported

in the same way by every agency and public program. A thoughtful process is required for implementing and periodically reviewing data collection standards, including: a planning phase to consider which groups will be affected; how data will be collected and reported; what the purpose will be for collecting disaggregated data; and what strategies can be used to reduce "unreported" responses. Because of Hawai'i's unique ethnic makeup, agencies must explore the best way to capture data of mixed-race people, many of whom are Native Hawaiian.

**3. Design programs.** Disaggregated data is essential to effective program design, especially when services are targeted to a specific affected population. For instance, if breast cancer data indicates an especially high need for screening among Native Hawaiian women, a breast cancer screening program should be tailored to appeal especially to them.

Alternatively, a public program that currently serves a disproportionate number of Native Hawaiian, such as state prisons, should design programs intended to help reduce incarceration and recidivism among Native Hawaiians.

Some, but not all, state programs tailor services to Native Hawaiians and other ethnic groups.

Programs that appear to do this best should be looked to as models. They include the Department of Health's Alcohol and Drug Abuse Division (ADAD) and the Department of Human Services' Hawai'i Youth Corrections Facility (HYCF) and Child Welfare Services Branch (CWSB).

**4. Initiate consultation.** Any program that serves a disproportionately large number of Native Hawaiians should establish a process to consult with experts in

Hawaiian culture. This engagement will provide an opportunity for researchers to learn from cultural experts and to build relationships and trust within the Native Hawaiian community. This process can help shape programs to better serve Native Hawaiians. Although some do so already, not all state programs consult with Native Hawaiians and other ethnic groups.

**5. Evaluate.** Disaggregated data should be regularly used to determine program effectiveness for Native Hawaiians and other distinguished groups. Data-based outcomes should then be used to continuously improve program services for all clients, as well as services designed for specific ethnic populations. In our research, we did not find a single state program that uses disaggregated data to assess its results in the manner that we recommend.

**6. Allocate resources.** Finally, disaggregated ethnic data should help policymakers determine the amount and kinds of resources needed for a program to ensure it meets its objectives. Additional funds may be required to meet needs to increase and improve outreach and interventions.

Policymakers should consider whether public resources would be most effectively deployed in the hands of culturally-competent non-state agencies. If we invest in improving data collection, we may find that comprehensive outcome data could actually decrease funding, because it could be used to identify poorly performing areas of programs. By using the data to increase program efficiency and efficacy, the need for services may drop because problems were addressed.

In our research, we could not find any agency that used consistent data to connect program costs with outcomes for participants by ethnic groups.





# **DEVELOPING DATA STANDARDS FOR HAWAI‘I**



‘A‘OHE MEA ‘IMI A KA MAKĀ.

NOTHING MORE FOR THE EYES TO SEARCH FOR.

EVERYTHING ONE NEEDS IS PRESENT.

**THE ABILITY** to identify and use data specific to Native Hawaiians should be a minimum requirement for all state programs in Hawai‘i. County and private programs should also be urged to follow the same standards.

Hawai‘i policymakers should advocate with federal agencies to use disaggregated data that includes at least Native Hawaiians as a separate ethnic group, especially for federal programs that analyze social, health and economic risks, interventions and outcomes.

There are a number of questions that need to be considered and addressed to move toward collecting useful disaggregated data. The following list of questions can begin the process.

### ESTABLISHING AND LEADING STATE EFFORTS

**1.** If the governor does not take administrative action, is it necessary to enact new statutes to require state agencies to collect and report disaggregated data? (See “Legislative History” box.) How can the legislature support and enforce data disaggregation policies and procedures across agencies?

**2.** In our research we identified agencies with best practices in collecting and reporting disaggregated data. Instead of establishing a whole new state office or program, could an existing one be chosen to lead a process to identify and propose strategies

### LEGISLATIVE HISTORY

In 2012, the Hawai‘i State Legislature introduced [House Bill 1983](#)<sup>6</sup> (companion, Senate Bill 2174) which would require that every state agency collect and report disaggregated demographic data on ancestry or ethnic origin for Native Hawaiians and a number of Asian and Pacific Islander groups.

The proposed legislation, which was strongly supported by the Office of Hawaiian Affairs, noted that “Asian Americans, Native Hawaiians and other Pacific islanders represent 48.6 percent of the state’s population.” It added that, while they are “often misrepresented as a homogeneous group, they are an extremely diverse group, with ethnicities from over 30 different countries,” who “experience diverse social, educational, health and economic differences that are unique to their respective communities.”

HB1983 and SB2174 were each passed by their originating committees but were not heard upon referral to the House Committee on Finance and the Senate Committee on Ways and Means.

The proposed legislation was closely modeled on [Assembly Bill 1088](#),<sup>7</sup> which was added to California’s statutes in 2011. It is worth emphasizing the irony that public programs in California have been collecting and reporting on Native Hawaiian clients for nearly a decade while there remains no such requirement in Hawai‘i.

for data disaggregation needs, opportunities and obstacles? Would the Department of Health’s Office of Health Equity best fill this role?

State statute (HRS § 226-20) already calls for planning to “[p]rioritize programs, services, interventions, and activities that address identified social determinants of health to

improve native Hawaiian health and well-being...”

**3.** Because of the Office of Hawaiian Affairs (OHA) mission to improve the wellbeing of Native Hawaiians, could OHA research and propose how to incorporate data decolonization in policies and procedures across the state?



### CONSULTING WITH THE NATIVE HAWAIIAN COMMUNITY

**1.** How should Native Hawaiians be consulted to ensure their concerns and preferences are addressed for using and reporting disaggregated data?

**2.** Can similar engagement practices be established for other vulnerable groups?

### DEFINING DISAGGREGATED DATA

**1.** Besides Native Hawaiians, which other groups should be targeted for disaggregated data? Will this be a standardized process, or will each agency identify the groups important to their programs?

**2.** Should there be a minimum standard list of ethnic groups collected by each program? Could some programs disaggregate data into additional groups for targeted purposes? For example, a program may serve a large number of clients whose ethnic groups are Mexican, Salvadoran and Guatemalan. Collecting disaggregated data for those groups would help the program more than combining their data in one Latinx category.

**3.** What other disaggregated data definitions or standards are needed? For example: gender identity, age cohorts, geographic residency, economic status, educational attainment.

### DEFINING DATA COLLECTION SYSTEMS

**1.** What criteria will be used to identify a person’s race/ethnicity? Are existing standards too arduous? In our research, we found an agency that requires birth records to verify the race/ethnicity of participants. Yet, this may not be legally required.

**2.** How can agencies collect more in-depth data of racial categories to identify a person’s ethnic group? For example, data should be disaggregated for Hawai‘i’s diverse Asian population, but for which specific ethnic groups? The state’s Pacific Islander population would also benefit from data disaggregation since

the category covers people who are from U.S. territories, immigrants from independent nations, and migrants from nations subject to Compacts of Free Association.

**3.** How should multi-ethnic or mixed-race individuals be counted if they have the ability to choose more than one ethnic category? By only allowing participants to choose one race, we may overlook individuals from high-risk populations and limit the ability to develop and improve targeted services. Although providing multiple choice answers would require new data analysis procedures, investing in comprehensive data collection and analysis worthwhile?

**4.** Is data self-reported or does a staff member decide? If the latter, what criteria are used? Some agencies assign a race/ethnicity category to participants based on names or appearance; others interview participants. Can agencies allow participants to fill out surveys on their own? What other best practices could be applied across all agencies?

**5.** Why do certain programs prohibit reporting without explicit client consent? Is it because of state or federal requirements? If not, why do agencies limit their data collection through a more arduous process?

Are there privacy procedures that could reduce barriers to data collection?

**6.** What procedures should be established to reduce the number of “unreported” responses to demographic questions, while still ensuring the right of clients to refuse to provide data?

Could surveys include statements on the importance of racial/ethnic reporting so participants understand the purpose is to improve services for them? What are other innovative ways that other states or the federal government use to encourage disclosure?

**7.** What standards should be established to ensure adequate public reporting at appropriate intervals? Long delays in publishing

data findings can inhibit the public’s own review of programs and recommendations for improvement. Are standards across all agencies of when and how data needed? If so, what is feasibly possible?

### ENSURING DATA PRIVACY

**1.** What standards must be put in place to ensure that privacy is maintained as more granular data is collected? Will the standards be based on federal guidance, or does the state want to implement its own protections?

### UTILIZING DATA

**1.** What are best practices and standards for including data analysis in program development, funding and evaluation? Will programs be required to match or improve performance measures as determined by data analysis?

**2.** How should timely and meaningful consultation be solicited and used? Will the state implement meaningful consultation before publishing reports specific to one group?

**3.** What is the appropriate level of public access to data? Will this be available online and on a user-friendly dashboard? How often will it be posted and updated?

**4.** What obstacles might programs encounter that would hinder data accessibility for the public?

How can programs be encouraged to release their data in a timely manner?

### ADVOCATING FOR DATA PROCEDURES BEYOND STATE AGENCIES

**1.** During the process of establishing data disaggregation norms and procedure, should the state include counties, universities and private agencies in discussions?

**2.** Once comprehensive disaggregated data collection and analysis procedures are established, how can the state champion them to federal agencies, counties, universities and private organizations at the state and national level?





# ENDNOTES

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