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## Disaggregating California's COVID-19 Data for Native Hawaiians and Pacific Islanders and Asians

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**T**he toll of COVID-19 on smaller communities within broad racial/ethnic categories has been exposed in media reports, health worker memorials, and data collected by special interest groups. However, in many public-facing data systems, the Native Hawaiian and Pacific Islander (NHPI) and Asian categories are grouped or may not even be reported.

California is home to the largest single-race NHPI and Asian population compared to other states,<sup>1</sup> and about 57% of all NHPIs have settled into three states: California (25%), Hawaii (24%), and Washington (8%). About 48% of all Asians in the U.S. have settled into three states: California (31%), New York (9%), and Texas (8%). Given California's large NHPI and Asian populations and the diversity of the groups, analysis of the state's COVID-19 data offers an opportunity to examine disaggregated data and highlight the challenges of aggregated information in exposing the toll of COVID-19 on smaller NHPI and Asian communities.

### Methods

We obtained data from the California Comprehensive Death File (Dynamic) on all COVID-19 mortality in 2020 from the California Department of Public Health on NHPI and Asian subgroups, extracted on Jan. 27, 2021, after submitting a table

request for this restricted data. This data chronicles California's loss of 177 NHPI and 3,835 Asian lives to COVID-19 in 2020 (single-race, non-Hispanic Asian and NHPI). We estimated Asian subgroup proportions within the aggregate Asian category and NHPI subgroup proportions within the NHPI group using the one-year 2019 American Community Survey (ACS) data, and then applied the distributions of subgroups within the Asian and NHPI categories to California Department of Finance 2020 Population Estimates. These population estimates were used as denominators to calculate crude mortality rates (number of deaths per 100,000 population).

### Results

In 2020, the state of California's crude mortality rate due to COVID-19 was 84 per 100,000 population. The crude mortality rates for the Asian and NHPI combined group was 75 per 100,000 compared to the 123 per 100,000 for NHPIs and 74 per 100,000 for Asians. The Asian aggregate crude mortality rate was lower than the state rate, but the NHPI aggregate rate was much higher than the state rate and for the other major racial/ethnic groups.<sup>2</sup> If the state were to have reported COVID-19 deaths in an Asian and NHPI category, as is currently

practiced in eight states,<sup>3</sup> then policymakers would deem NHPIs to have a lower risk on average than the state’s population.

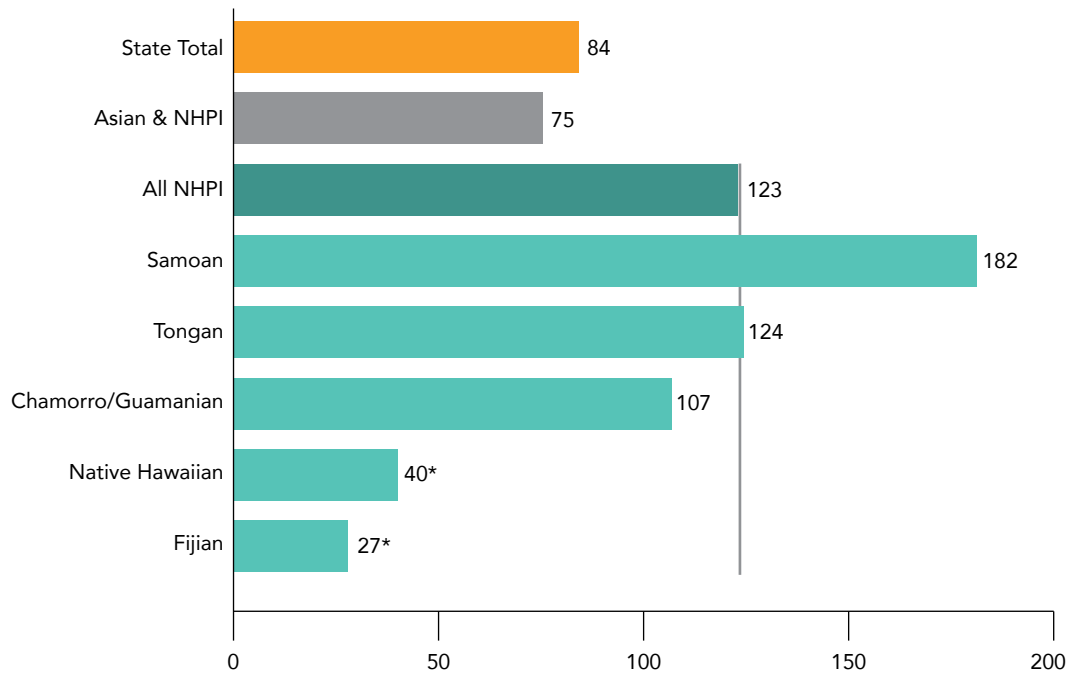
Within the separate NHPI categories, aggregation still masks the variation in mortality across the subgroups. In Exhibit 1, death rates per 100,000 are higher for the

Samoan subgroup (182 per 100,000) compared to the aggregated NHPI category wherein COVID-19 mortality was 123 per 100,000. The NHPI aggregate is also driven by high mortality rates among Tongans (124 per 100,000) and Chamorros or Guamanians (107 per 100,000).

Exhibit 1

California COVID-19 Crude Mortality Rate (Deaths per 100,000) for Non-Latino Single-Race NHPIs, All Ages, Jan. 1, 2020–Dec. 31, 2020

“Death rates per 100,000 are higher for the Samoan subgroup compared to the aggregated NHPI category.”



\* <11 deaths

Data Source: For numerator: California Department of Public Health, California Comprehensive Death File (Dynamic), 2020. Date extracted: Jan. 27, 2021. Tabular Request; For denominator: American Community Survey 2019 1-year estimated NHPI subgroup proportions applied to California

Department of Finance 2020 Population Estimates for the NHPI population. State Population Death Rates from the NCHS/CDC Provisional Death Counts for Coronavirus Disease (COVID-19): Distribution of Deaths by Race and Hispanic Origin, accessed May 5, 2021.

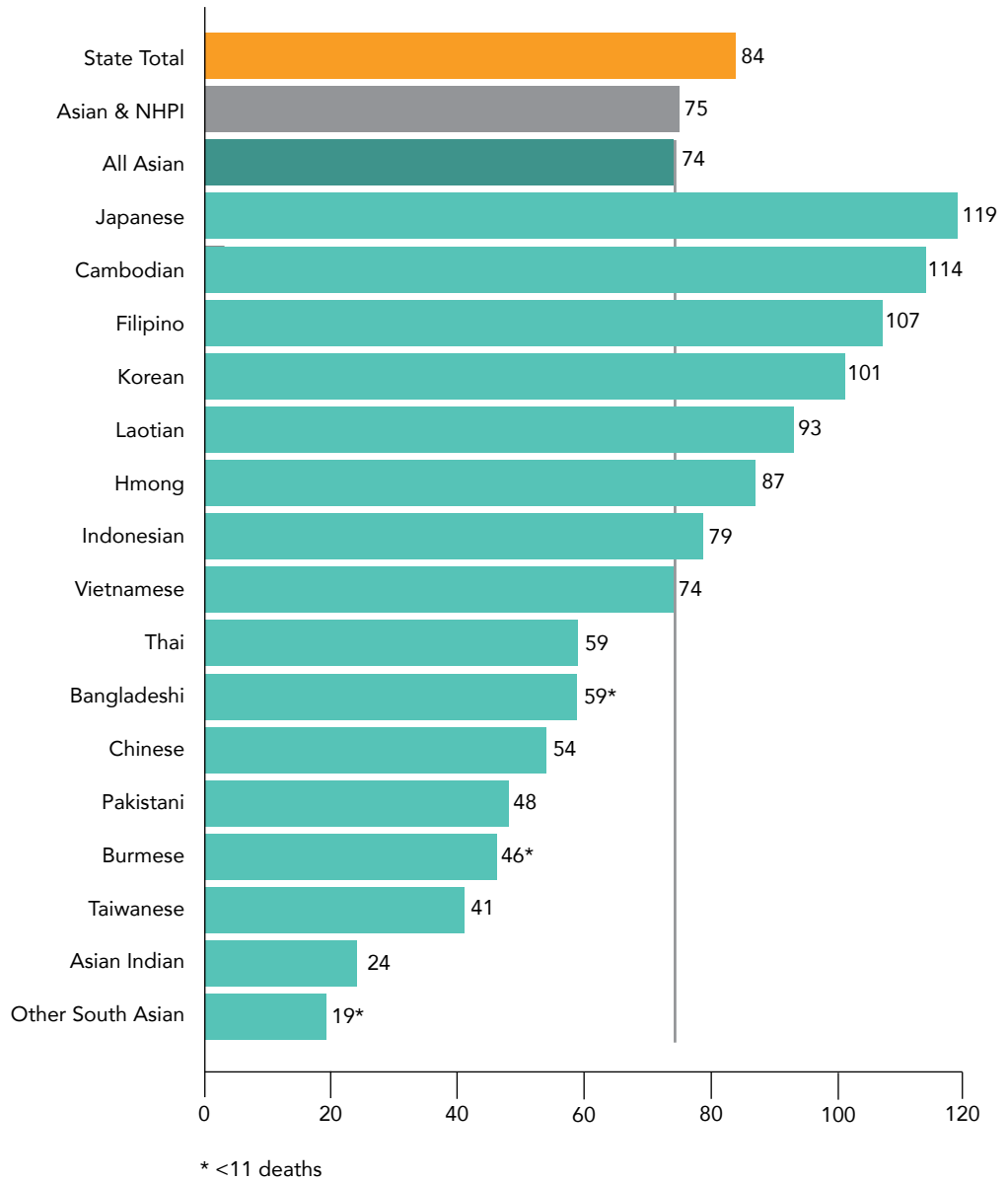
For Asians, there are seven Asian subgroups with mortality higher than the Asian aggregate rate, with some groups having

rates that are more than 1.5 times that of the aggregate. (Exhibit 2).

**Exhibit 2**

**California COVID-19 Crude Mortality Rate (Deaths per 100,000) for Non-Latino Single-Race Asians, All Ages, Jan. 1, 2020–Dec. 31, 2020**

*“There are seven Asian subgroups with mortality higher than the Asian aggregate rate.”*



Data Source: For numerator: California Department of Public Health, California Comprehensive Death File (Dynamic), 2020. Date extracted: Jan. 27, 2021. Tabular Request; for denominator: American Community Survey 2019 1-year estimated Asian subgroup proportions applied to California Department of Finance 2020 Population Estimates for the Asian

population. State Population Death Rates from the NCHS/ CDC Provisional Death Counts for Coronavirus Disease (COVID-19): Distribution of Deaths by Race and Hispanic Origin, accessed May 5, 2021. Other South Asian races includes Nepalese and Sri Lankan.

### Conclusions

- Compared to overall state estimates of 84 COVID-19 deaths per 100,000, the Asian category death rates are lower. In our disaggregated analysis, seven Asian groups exceeded the aggregate Asian and state averages. NHPI deaths per 100,000 exceeded the state average and the Asian and NHPI combined average. Among NHPI groups, Samoans experienced death rates much higher than the other NHPI groups.
- California follows the U.S. Office of Management and Budget (OMB) guidelines in disaggregating Asians from NHPIs. However, only 23 states currently report on NHPI COVID-19 mortality statistics, with the majority of states aggregating Asians with NHPIs, or not reporting on NHPIs at all. As seen in Exhibits 1 and 2, this aggregation does not measurably change the rate of COVID-19 death rates for Asians but is a substantial underestimate of the NHPI COVID-19 mortality rate.
- The decision to balance reporting the most granular data as possible with concerns with disclosure risk and statistical reliability can be addressed by creating intermediate aggregate categories. For the Asian analyses, we created an “Other South Asian category” to distinguish two groups — Nepalis and Sri Lankans. Similarly, NHPI data could have intermediate categories of Other Micronesian, Other Polynesian, and Other Melanesian.

We found that the lack of disaggregated data has hidden the needs of smaller subpopulations who suffered disproportionately from COVID-19. These groups tend to be those who also face sociodemographic stressors that make them vulnerable to poor health outcomes. Collecting and disaggregating Asian and NHPI COVID-19 data detects the risks and unmet need in these smaller communities. With this evidence, policy resources can be more precisely targeted and policy neglect avoided owing to the invisibility of populations in aggregated data.

### Technical Notes

The threshold for data suppression varies in different public health data systems. In examining the California Comprehensive Death File data, we made decisions in optimizing reporting the maximum number of subgroups with a reasonable threshold for mitigating disclosure risk and stability of estimates. We arrived at aggregating categories with fewer than seven deaths to mitigate disclosure risk and increase reliability of reported per capita death rates. To acknowledge the California State Department of Public Health suppression rules of not reporting deaths fewer than 11 incidents, we distinguish those estimates in our results.

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### Endnotes

- 1 U.S. Census Bureau. American Community Survey (ACS), 2019 Census Tables: DP05, 2019, ACS 1-Year File.
- 2 The Native Hawaiian and Pacific Islander COVID-19 Data Policy Lab Dashboard. UCLA Center for Health Policy Research. 2020. <https://healthpolicy.ucla.edu/health-profiles/Pages/NHPI-COVID-19-Dashboard.aspx>
- 3 The COVID Tracking Project. *The Atlantic*. 2020. <https://covidtracking.com/race/dashboard>



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