Written Public Comment to the Nevada State Board of Health
Reporting of Asian and Native Hawaiian or Pacific Islander Health Data in Nevada

Chair Pennell and Members of the Board,

We are Nevada medical students writing to flag a gap in how the state reports health data, and to ask the Board to consider an administrative modification that does not require legislative action.

The gap

The *Minority Health Report 2025*, published in March 2025 by the DHHS Office of Analytics in collaboration with the Office of Minority Health and Equity, reports health outcomes across five racial and ethnic groups. One is "Asian/Pacific Islander (API) non-Hispanic." The report's definitions section states that this category consists of a person who falls under either the Asian or the Native Hawaiian and Pacific Islander non-Hispanic categories. The two populations appear as a single figure throughout the document, across leading causes of death, cancer incidence, diabetes, stroke, and every other measure.[1]

Federal statistical standards separated Asian from Native Hawaiian or Other Pacific Islander in the 1997 revision of OMB Statistical Policy Directive No. 15. The March 2024 revision goes further, requiring collection of detailed categories beyond the minimum by default, with full implementation required by September 28, 2029.[2,3] Nevada's principal health equity report is currently organized around a category that federal standards retired nearly thirty years ago.

Why it matters for this Board's work

The report identifies 334,120 Asian and Pacific Islander Nevadans in 2023, 10.2 percent of the state population, and the fastest-growing group in Nevada between 2022 and 2023 at 4.2 percent.[1]

These are two populations with different health profiles. Native Hawaiian and Pacific Islander communities carry substantially higher burdens of diabetes and cardiovascular disease,[4,5] and experienced disproportionate COVID-19 mortality.[6] When a smaller, higher-burden population is averaged into a larger one, the resulting rate describes neither group. The 2025 report shows Asian/Pacific Islander Nevadans with among the lowest heart disease and accidental death rates in the state.[1] That figure may be accurate for the combined category and still conceal a population in need within it. A statewide report that produces no signal cannot produce subsequent action.

As student researchers and future physicians who will practice in this state, we rely on these reports to understand who our patients are. Right now, they cannot tell us.

Our ask

The separation already exists in data systems. The Nevada Electronic Death Registry System, the Nevada Central Cancer Registry, and EpiTrax are population counts rather than samples, and can support separate reporting today. We recognize that survey instruments carry sample size limits, and that the *Minority Health Report* suppresses BRFSS estimates when the unweighted denominator falls below 50.[1] Our request is examined accordingly.

We respectfully ask the Board to consider directing the Office of Analytics to report Asian and Native Hawaiian or Pacific Islander as separate categories wherever the underlying data already permits, beginning with the next *Minority Health Report*.

We recognize that no action may be taken on a matter raised under public comment, and we raise this here so it may be considered under the Board's standing item for future agenda recommendations.

Thank you for your time and for your service to Nevadans.

Respectfully,

Nataliyah Tahir, Kirk Kerkorian School of Medicine at UNLV
Momilani Tupu, Touro University Nevada College of Osteopathic Medicine
Micah Char, Kirk Kerkorian School of Medicine at UNLV

Institutional affiliations are listed for identification purposes only. The authors write in their individual capacities and do not represent the positions of their institutions.

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