Date: 10/16/2026

To: Dr. Jon Pennell, Chair, State Board of Health
Dr. Jeff Murawsky, Co-Chair, State Board of Health

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Overview

This memo responds to public comment from UNLV School of Medicine students at the September 2026 State Board of Health (SBOH) meeting. Students expressed concern about the practice of combining Asian and Native Hawaiian or Pacific Islander (NHPI) populations into a single category within the Minority Health Report. They requested that the Board direct the Office of Analytics to report these groups separately whenever the underlying data support such a distinction.

We agree that reporting these populations separately is the preferred approach and recognize the limitations and concerns associated with combining them. When NHPI data cannot be reported independently, important differences or disparities in health outcomes within the NHPI population are likely obscured. This memo explains the methodology currently used in Office of Analytics publications, including the Minority Health Report, and outlines why Asian and NHPI data are presented as a combined category at this time. The primary reasons are: (1) limitations in the demographic population files required to calculate rates, and (2) suppression standards that restrict reporting when population sizes are very small.

State population demographic file limitations

Asian and NHPI groups are combined in our reports because this is in alignment with how they are categorized in the Nevada State Demographer's population estimates, which we rely on to calculate rates. While Nevada Health Authority (NVHA) and Department of Human Services (DHS) data systems such as Medicaid claims, Epitrax, or the Cancer Registry collect NHPI separately, the population estimates needed for rate calculation do not provide this breakout. Rates are essential for comparing health indicators across groups, so this is why these populations are currently combined and presented as one larger category in our publications.

The State Demographer is our primary source for Nevada population estimates because these files are updated more frequently than US Census products and include the single-year age, sex, and standard race/ethnicity breakdowns required for rate calculation for our analyses. Census estimates are less timely, and race categories in Census outputs do not always align cleanly with county or state population totals, making

them difficult to use for rate calculation. For standardization and simplicity, our office uses State Demographer data for all rate calculations for all demographic reporting purposes.

While our office provides statewide birth and death data to support the Demographer's estimates, we do not have full visibility into all inputs and methods used to produce the population files. Meaningful separation of Asian and NHPI data in our publications would require coordination with the State Demographer to modify the race/ethnicity categories presented in the population data files used for rates. Nevada's population data will be revised to incorporate a Middle Eastern/North African (MENA) category per Nevada Revised Statutes (NRS) 239B.028, so this upcoming work may provide an opportunity to separate Asian and NHPI groups as well.

Suppression requirements

Population size and suppression standards also limit our ability to report NHPI separately. NHPI represents approximately half a percent of Nevada's population (0.5%), and small population groups often fall below minimum thresholds for reporting stable rates. Many indicators in the Minority Health Report and other publications already require suppression for the combined Asian/Pacific Islander group and the American Indian/Alaska Native group. Breaking out NHPI would likely result in even more suppressed data.

Survey data introduce additional constraints. The Behavioral Health Risk Factor Surveillance System (BRFSS), a major source of indicators included in the Minority Health Report, requires at least 50 respondents per subgroup for reliable estimates. Recent Nevada BRFSS cycles have had fewer than 3,000 respondents statewide, and NPHI representation is extremely small. For example, there were only 12 NHPI respondents in 2023. This means separate NHPI reporting would be statistically unreliable and consistently suppressed were we to report this group separately.

Next steps

The Office of Analytics has drafted a methods and limitations statement on race and ethnicity reporting for inclusion in future reports and dashboards. This statement is intended to help readers understand why certain groups are combined and has been shared with the Nevada Office of Minority Health and Equity for review and approval.

The Office of Analytics can also support more detailed race and ethnicity data needs through custom data requests or data sharing agreements when Nevada university staff, researchers, or students require information not available in public reporting. For example, providing NHPI counts aggregated across multiple years may reduce suppression issues, and U.S. Census population estimates could be used by staff, researchers, or students to calculate population rates for special projects outside of our standard publications. To connect with Office of Analytics staff for these needs, university staff or students may email data@dhhs.nv.gov.

Thank you for the opportunity to clarify the methodology behind this aspect of our publications. We remain open to adjusting future reporting practices for Asian and NHPI populations based on leadership direction and improvements in available demographic data.