# Data Genocide and Its Effects on American Indian and Alaska Native, Asian American, and Native Hawaiian and Pacific Islander Populations

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## Introduction

- Data genocide
  - The systematic erasure of Indigenous and marginalized peoples from population data, leading to significant underrepresentation in official statistics.
  - Disproportionately affects American Indian and Alaska Native (AI/AN), Asian American (AA), and Native Hawaiian and Pacific Islander (NHPI) populations.

## Objectives

- **Determine the factors** that lead to the data genocide of AI/AN, AA, and NHPI populations.
- **Determine the impacts** of data genocide on the health of AI/AN, AA, and NHPI populations.
- **Consider potential improvements** to data collection that minimize the data erasure of AI/AN, AA, and NHPI populations.

## Methods

- **Literature review** was conducted through a comprehensive collection of articles from several reputable sources, including Google Scholar, PubMed, and the Centers for Disease Control and Prevention (CDC) research and publications database.
- Primary search terms utilized were 'data genocide' 'indigenous data genocide' and 'data disaggregation'
- An analysis of the public health implications was conducted, highlighting potential changes to data collection strategies to address current shortcomings.

## Findings

- **Smaller population sizes** due to colonization, genocide, historical policies tied to land dispossession, identity, and blood quantum standards within these communities lead to limited sample sizes for research studies, often excluding them from research that requires large sample sizes.
- **The underfunding and decentralized structure of the U.S. public health system** results in fragmented data infrastructure and inconsistent data collection and reporting methodologies

### AI/AN

- There is significant **underreporting and misclassification** of AI/AN people in vital records and COVID-19 data
- Historical misclassification of AI/AN deaths has been reported to be as high as 40%, suggesting that true health disparities are likely even larger than reported

- In 2015, white midlife mortality in the US was compared to Latinx, Black, and international populations, with claims that rising death rates were unique to US White communities.
- **The study failed to consider AI/AN popuations, where midlife mortality rates were highest**

### AA/NHPI

- During the COVID-19 pandemic, AA and NHPI populations were frequently perceived as having more favorable health outcomes compared to other racial and ethnic groups when considered collectively
- **AA and NHPI subgroups actually experienced disproportionately high rates of COVID-19 infections, hospital admissions, and fatalities**

- **Reliance on single race responses** excludes AI/AN or NHPI individuals who also identify as another race
- **The aggregation of diverse subgroups** into broad racial categories often masks critical health disparities and socioeconomic challenges faced by these communities.

## Discussion

- Ethical Considerations
  - Exclusion from research raises questions of equity in health studies
  - Potential for biased or incomplete health policies and interventions
- Long-term Consequences:
  - Continued health disparities in these communities
  - Potential for inadequate healthcare provision and policy-making
  - Risk of overlooking unique health challenges faced by these populations

## Key Takeaways and Future Direction

- To **disaggregate data** would not only improve the public health sphere, but other areas in which AI/AN, AA, and NHPI populations face discrimination
  - While data shows AANHPI women are paid an average of 86 cents for every dollar a White man is paid, disaggregated data shows further discrimination as Native Hawaiian women are paid only 66 cents; Vietnamese, Laotian, and Samoan American women 61 cents; Burmese American women 53 cents
- **Respectful and culturally informed AI/AN, AA, and NHPI collaboration** among government agencies and community health organizations can remedy underrepresentation in data
  - Capacity building, empowered community resilience, and aggressive vaccination efforts in the Navajo Nation, the community was able to reduce rates of COVID-19 cases and mortality rates

## References

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