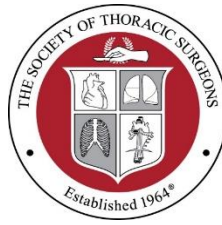


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April 4, 2023

Shalanda Young  
Director  
Office of Management and Budget (OMB)  
725 17th St NW Ste 50001  
Washington, DC 20503

**Re:** Initial Proposals For Updating OMB's Race and Ethnicity Statistical Standards [OMB-2023-0001]

Dear Director Young,

On behalf of The Society of Thoracic Surgeons (STS), I write to provide comments on the Initial Proposals For Updating The Office of Management and Budget's (OMB) Race and Ethnicity Statistical notice. Founded in 1964, The Society of Thoracic Surgeons is a not-for-profit organization representing more than 7,600 surgeons, researchers, and allied health care professionals worldwide who are dedicated to ensuring the best possible outcomes for surgeries of the heart, lungs, and esophagus, as well as other surgical procedures within the chest.

*The Office of Management and Budget (OMB) requests comments on the initial proposals from the Federal Interagency Technical Working Group on Race and Ethnicity Standards (Working Group) for revising OMB's 1997 Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity (SPD 15).*

*The goals of SPD 15 are to ensure the comparability of race and ethnicity across Federal datasets and to maximize the quality of that data by ensuring that the format, language, and procedures for collecting the data are consistent and based on rigorous evidence. To achieve these goals, SPD 15 provides a minimum set of categories that all Federal agencies must use if they intend to collect information on race and ethnicity, regardless of the collection mechanism. OMB requests comment on the initial set of proposals from the Working Group which include:*

- *Collect race and ethnicity information using one combined question. Add "Middle Eastern or North African" (MENA) as a new minimum category.*
- *Require the collection of detailed race and ethnicity categories by default.*
- *Update outdated terminology in SPD 15.*
- *Provide necessary guidance to implement SPD 15 revisions on Federal information collections.*
- *Comments on any additional topics and future research.*

**STS supports OMB's proposal to update and modernize the data collection standards to better capture health equity data.** Currently, there are significant barriers to data collection that produces

clear, usable data. At this time, there are no widely adopted national industry standards for the collection of race, ethnicity, and language (REL) data or social determinants of health (SDOH) data. Presently, OMB classifies race as: White, Black/African American, American Indian/Alaska native, Asian, native Hawaiian/other Pacific Islander; and ethnicity as Hispanic/Latino or non-Hispanic/Latino. Significant differences exist within each classification and existing standards do not account for the variation that exists within groups. As a result, racial and ethnic group disaggregation has been recommended as an important part of surveillance by researchers and policymakers in this field to resist homogenization of disparate groups.<sup>1</sup> **While our organization utilizes the standards set by OMB in our own data collection efforts, we feel it is limiting and support OMB's proposals to modernize the data collection process and include disaggregate race and ethnicity data.** STS supports policies that enable health data disaggregation by detailed racial/ethnic subgroups to provide a more representative view of the health of the nation.

STS developed the STS National Database in 1989, which is now a leading resource for the collection of cardiothoracic surgery data. The STS National Database is the foundation of our efforts to improve quality and patient safety among cardiothoracic surgeons. The Database has four components, each focusing on a different area of cardiothoracic surgery—Adult Cardiac Surgery, Congenital Heart Surgery, General Thoracic Surgery, and Mechanical Circulatory Support. Currently, the Adult Cardiac Surgery Database (ACSD) alone contains more than 7 million cardiac surgery procedure records and has more than 3,800 participating physicians, including surgeons and anesthesiologists, representing more than 95% of all adult cardiac surgery hospitals and practices across the United States.

**Based on our longstanding experience and success with data collection, we believe it is pivotal that any changes in race and ethnicity formatting that OMB finalizes needs to be built into EHR systems to ease provider burden and increase successful data collection.** For registries to be able to access and utilize the updated data, EHRs will need to update their systems to appropriately capture the necessary changes. The onus should not be on the providers to determine methods of inputting the data into the EHR in a usable format. Instead, EHR companies should be tasked with capturing data in unique fields within the EHR system.

Thank you for the opportunity to provide these comments. Please contact Molly Peltzman, Associate Director of Health Policy, at [mpeltzman@sts.org](mailto:mpeltzman@sts.org) or 202-787-1221 or Derek Brandt, Vice President of Government Relations at [dbrandt@sts.org](mailto:dbrandt@sts.org) or 202-787-1223 should you need additional information or clarification.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas E. MacGillivray". The signature is fluid and cursive, written in a professional style.

Thomas E. MacGillivray, MD

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<sup>1</sup> Kader, Farah, and Clyde Lanford Smith. "Participatory Approaches to Addressing Missing COVID-19 Race and Ethnicity Data." *International Journal of Environmental Research and Public Health* 18, no. 12 (2021): 6559.

President