ASSESSMENT OF

DEMOGRAPHIC DATA COLLECTION, PROCESSING,

RETENTION, AND SHARING PROCEDURES IN HAWAIʻI:

A REPORT BY THE 21ST CENTURY DATA GOVERNANCE TASK

FORCE IN FULFILLMENT OF SCR174 SD1, SLH 2024

SUBMITTED TO THE THIRTY-THIRD LEGISLATURE, 2025

STATE OF HAWAIʻI

THE SENATE

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Contents

Executive Summary

The Hawaiʻi Department of Health convened the 21st Century Data Governance Task Force in response to SCR174 SD1, SLH 2024. The task force is charged with evaluating demographic data practices across state agencies and providing recommendations for improvement, with a particular emphasis on the Social Determinants of Health (SDOH) and effectively reaching all people of Hawaiʻi.

These efforts have become even more critical with the introduction of the new federal Statistical Policy Directive No. 15 (SPD15) in March 2024. SPD15 sets federal standards for the collection of detailed race and ethnicity data. In Hawaiʻi, this underscores the importance of disaggregating data for Asians (such as Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese), Native Hawaiians or Pacific Islanders (such as Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese), as well as ensuring accurate multi-racial reporting.

All federally funded programs collecting race and ethnicity data must comply with SPD15 standards within five years, or by March 2029, ensuring systematic implementation when data collection occurs. The SPD15 update offers an opportunity to focus planning and align state programs on a common race and ethnicity standard.

Key Findings

The SCR174 SD1, SLH 2024 findings reaffirm issues previously identified in legislative efforts inclusive of SCR5, Act 167, and Act 136, and highlight the urgent need for additional resources and intervention on:

- **Inconsistent Data Collection**: Variations in data practices across departments affect overall data quality, especially for languages, housing, and sexual orientation.
- **Need for Standardization**: Standardizing the handling of data in all systems (e.g., Microsoft SQL Server, Oracle Database) is crucial to streamline operations, reduce costs, and enhance inter-agency collaboration.
- **Heavy Reliance on Administrative Records**: Administrative records (i.e., patient intake forms, student health records) are often paper-based or manually maintained documents that are used for recording various types of information. While they are essential for historical documentation and compliance, they can be very cumbersome and inefficient compared to electronic records where information is directly

entered by residents. Limited use of longitudinal electronic records hampers efficiency and accessibility; expanding electronic data collection is essential.

- **Inconsistent Application of Standards with lack of statewide enforcement**: Inconsistent application of race/ethnicity standards such as SPD15 indicates a lack of awareness and necessitates increased training and support, especially for multi-racial identities.

- **Barriers in Data Collection Methods**: Challenges include incomplete data submission, system technical limitations, budgets for system modernization, and inadequate training on collecting sensitive data.

Recommendations

To successfully implement these strategies, the State requires funding to support effective measure-setting, including investments in workforce, operations, and materials. While seven recommendations have been identified, immediate focus are on the first two priorities—standardization and training—due to their critical importance for the implementation of SPD15.

The recommendations are divided into short-term and long-term actions to ensure immediate needs are addressed while setting the foundation for sustained improvement. To support the recommended actions, the following activities from the legislature are necessary:

1. **Continuous Monthly Meetings**: Extend Task Force meetings to develop a detailed, step-by-step action plan, essential for refining the proposed roadmap (Appendix G) and ensuring a consensus-driven approach. Actively involve more state agencies, under the data leadership of ETS.
2. **Additional Funding**: Allocate funds for workforce development, operational enhancements, and modernizing information infrastructure, including data management upgrades, advanced integration platforms, and enhanced security protocols. This funding would be designed to ensure the significant technical and staff training barriers to more comprehensive standardized data are reduced. This standardization can make State program more effective at reaching residents.
3. **New Legislation**: Consider laws for mandates and enforcement mechanisms tied to ETS technology approvals to ensure adherence to standards at the interagency level. Include provisions for public transparency, oversight, and accountability, ideally with ETS leading a designated body to oversee, audit, and report back to the legislature on compliance.

Short-term Priorities and Actions (Standardization and Training): A proposed actionable roadmap (Appendix G) outlines a clear plan for the standardization and implementation of the first two priorities, ensuring systematic execution and meticulous tracking of progress. These efforts will ensure that Hawai'i meets the SPD15 implementation deadline by March 2029 and can support effective data use by State agencies.

1. **Standardize Data Collection Methods and Enhance Data Quality**

   - **Uniform Practices:** Implement a universal demographics data collection template across all departments.

   - **Electronic Tools**: Deploy a centralized electronic demographics data collection system accessible to all departments.

   - **Ongoing Training**: Conduct quarterly training sessions for staff on standardized data collection procedures.

   - **Data Dictionary**: Create and distribute a comprehensive Statewide data dictionary to ensure uniform data definitions of these values, composed of data dictionaries from each agency.

   - **Regular Audits and Quality Control**: Establish the role of ETS data leadership, conduct bi-annual audit schedule, and form dedicated quality control teams to maintain data accuracy, compliance, and integrity.

2. **Enhance Training, Capacity Building, and Education on SPD15 Standards**

   - **Training Programs**: Develop e-learning modules and workshops to educate staff, with a strong focus on the SPD15 standards.

   - **Data Literacy**: Improve data literacy by providing interactive workshops that include hands-on exercises to build practical skills. Develop e-learning courses covering data analysis techniques, data privacy, and compliance standards. Implement mentorship where experienced data analysts can guide and support colleagues in developing their skills.

   - **Resource Library**: Create a centralized resource library with best practices, guidelines, and detailed information on SPD15 requirements.

   - **Community and Nonprofit Involvement**: Engage community-based and organizations in the education process and create committees with academic experts and community leaders to guide data initiatives.

Long-term Priorities (Summary)

1. **Interagency Data Linkages:** Develop secure data integration platforms.

2. **Data Sharing Protocols:** Implement secure data-sharing channels and agreements.

3. **Data-Driven Culture:** Promote data-driven decision-making through training and incentives.

4. **Funding Resources:** Secure funding through grants, budget allocations, and partnerships to support efficient data collection and use.

5. **Statewide enforcement:** Fund tools and resources to automate data handling and to audit enforcement of data standards, with ETS oversight.

Legislative support and adequate funding are required to address the identified priorities effectively. These recommendations are essential for enhancing public health outcomes, supporting equitable policy development across the state, and meeting federal requirements. By adopting a collaborative approach, we can address the diverse needs of Hawai'i's population and ensure accurate and comprehensive demographic reporting. Moving forward, this requires agencies working jointly through the ETS-led State Data Task Force to implement these identified priorities and support the successful execution of these plans. The resulting standards have the potential to improve outreach and impact of State agency programs, resulting in more effective and efficient services for all people in our community.

Introduction

Background:

In today's data-driven world, accurately collecting and sharing demographic data is crucial for policymakers and program administrators to address the needs of Hawaiʻi's uniquely diverse population. Recognizing this importance, the 21st Century Data Governance Task Force, established by the 32nd Legislature in 2024 under SCR174 SD1, SLH 2024, requested the DOH to conduct an in-depth assessment of task force agencies current demographic data practices. This evaluation included the collection, processing, retention, and sharing of data specific to the following Social Determinants of Health (SDOH):

- Race and Ethnicity
- Language Access
- Housing

- Geographic Indicator Data
- Sexual Orientation
- Gender Identity

Key legislation such as Senate Concurrent Resolution 5, Act 167, and Act 136, SLH 2023 *(Figure 1)* led to the formation of SCR174 SD1, SLH 2024, which called for a robust and comprehensive look at data practices within state agencies. (See Appendix *A for a summary background of each legislative measure*).

Figure 1. Legislative Progression: 21st Century Data Governance Task Force

| SCR5, 2021 Leg. Session | ACT 167, 2022 Leg. Session | Act 136 SB 811, 2023 Leg. Session | SCR174 SD1, SLH2024 |

The task force consists of eight participating agencies and organizations:

- Department of Education (DOE)
- Department of Health (DOH)
- Department of Human Services (DHS)
- Enterprise Technology Services (ETS)

- Office of Planning and Sustainable Development (OPSD)
- Office of Hawaiian Affairs (OHA)
- University of Hawaiʻi (UH)
- Papa Ola Lokahi

Objectives:

The main objectives of this report are aligned with the tasks outlined in SCR174 SD1, SLH 2024 to:

- Assess current demographic data collection, processing, retention, and sharing practices across state agencies.

- Identify key challenges, gaps, and barriers in these data practices.

- Develop recommendations to improve data use, governance, and interoperability.

- Highlight data practices around Social Determinants of Health (SDOH) to improve how State agencies address social, economic, and health disparities within Hawaiʻi's diverse populations.

Methodology

Convening the Task Force

The Task Force members represent a cross-section of State agencies and one community-based organization.
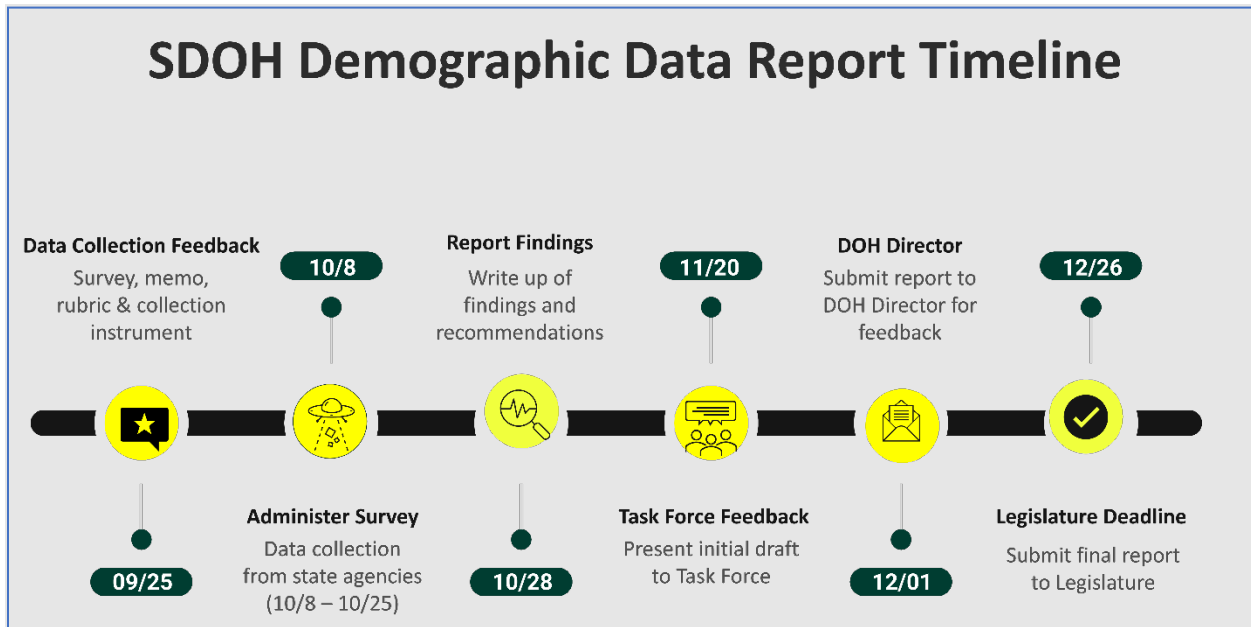
Table 1. Task Force Members

State Agency or Organization	Task Force Member	Title
Enterprise Technology Services (ETS)	Rebecca Cai	State Chief Data Officer
Department of Health	Derek Vale	DOH Chief Data Officer
State of Hawaiʻi Office of Planning and Sustainable Development	Mary Alice Evans	Director
State of Hawaiʻi Office of Planning and Sustainable Development	Arthur Buto	State GIS Planning Program Manager
Department of Education	Lisa Watkins-Victorino	Director, Assessment and Accountability Branch
Department of Human Services	R. Malia Taum-Deenik	Policy and Program Specialist
University of Hawaiʻi	Kara Plamann Wagoner	Director, Institutional Research, Analysis and Planning Office
Office of Hawaiian Affairs	Carla J. Hostetter	Director, Research and Evaluation Division
Papa Ola Lokahi	Chantelle Eseta Matagi -Tellie	Director, Health Innovation & Initiative

The Task Force convened six times online, with in-person options available for the public to attend. All meeting materials, dates, and times (Table 2) were announced to the public through a public calendar and a dedicated web page hosted by the ETS State Data Office.

Table 2. Key Meeting Dates and Outcomes of the 21st Century Data Governance Task Force.

Date	Outcome
November 29, 2023	• Extend report deadline to 20 days prior to 2025 session. • Task Force's work identified to support statewide standards and policies (Act 167), to help identify and address key data challenges
August 29, 2024	• Confirmed co-chairs, membership, and future meeting schedule. • Review of Act 136 requirements and SCR174 SD1, SLH 2024
September 25, 2024	• Confirmed survey design and project timeline (Figure 2)
October 23, 2024	• Report outline confirmed, with state agencies agreeing to assist in the writing process
November 20, 2024	• Task Force submitted feedback on the report
December 2, 2024 (via email)	• Task Force to approve draft report and future roadmap
December 18, 2024	• *Task Force to identify next steps and support for Act 167 post report submission*

Figure 2. Project Timeline

SDOH Demographic Data Report Timeline

Data Collection Feedback
Survey, memo, rubric & collection instrument — 10/8

Report Findings
Write up of findings and recommendations — 11/20

DOH Director
Submit report to DOH Director for feedback — 12/26

09/25

Administer Survey
Data collection from state agencies (10/8 – 10/25) — 10/28

Task Force Feedback
Present initial draft to Task Force — 12/01

Legislature Deadline
Submit final report to Legislature

Survey Development:

The task force developed a comprehensive survey using Microsoft Forms to gather data on the collection, processing, retention, and sharing of SDOH. Additionally, the survey aimed to assess alignment with the new version of standards set by federal Statistical Policy Directive No. 15 (SPD15) in March 2024, for more granular data on Native Hawaiian, Pacific Islander, and Asian populations.

By incorporating SPD15, the survey aimed to educate state agencies about this critical standard and plan implementation. Federally funded programs must comply with SPD15 for race and ethnicity data within five years. This timeline, although not mandating data collection for all State agencies, ensures that when new race and ethnicity data is collected, it adheres to these updated federal standards, facilitating timely and systematic implementation. This equally permits the State to use this standard as an easier bar to reach for race and ethnicity data. (See Figure 3)

Figure 3: SPD 15

Figure 1. Required Race and Ethnicity Question with Minimum Categories, Multiple Detailed Checkboxes, and Write-In Response Areas with Example Groups

The survey included sections on agencies' general information, demographic data, race and ethnicity, language, housing, geographic indicators, sexual orientation, and gender identity. To ensure relevant and comprehensive responses, the task force provided clear reasoning for each SDOH indicator (See Appendix B for SDOH Definition).

Survey Participants and Sampling Method: The task force focused on member's agencies to ensure compliance with the survey timeline and improve responses on key questions. Each member agency provided at least two responses from their largest data systems containing person data, ensuring a representative sample.

Data Collection Process: Data collection was conducted using Microsoft Forms, an online survey tool. Upon completion of the survey collection period, the data was compiled and shared with task force members for evaluation, enabling comprehensive analysis and review.

Survey Distribution: The survey was distributed via email on October 8 to the Directors of state agencies. The email included:

• A direct link to the survey (See Appendix G)

• An official memo from co-chairs Derek Vale and Rebecca Cai (See Appendix D)

• A one-page informational flyer detailing the mission and relevance of the survey (See Appendix C)

Task Force members were cc'd on the initial email, enabling them to support and follow up with their respective agencies. The initial deadline for survey completion was October 25, but due to a lower-than-expected response

rate, it was extended by an additional week, resulting in a total survey duration of 24 days.

Response Rate: The response rate was closely monitored, with the following breakdown by date:

- October 25: 8 responses (approximately 57.14%)

- October 30: 12 responses (approximately 85.71%)

A total of 14 responses were anticipated by the end of the extended survey period. DOH submitted four responses to account for their varied data systems, as some agencies do not collect demographic data. These efforts contributed to a review of the data practices and capabilities of the task force member agencies.

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Survey Limitations and Data System

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Limitations and Scope of Survey Findings

The datasets presented in this report are not exhaustive for the entire state or for the participating agencies, or offices. The results pertain solely to the datasets reported in the survey and should not be interpreted as representative of all datasets maintained by any agency, or office. Additionally, the SDOH data collected from state agencies are not meant for direct comparison at the present time, as the representation of data systems varies significantly among agencies. Some agencies collect and have provided more detailed information on SDOH, in some cases due to adherence to specific federal reporting requirements.

List of Participating State Agencies and Their Datasets:

This table shows the key data systems used by various state agencies and programs within the state. While these data systems are significant, they may not necessarily be the largest systems each agency uses. Instead, they represent the systems that were easiest or most relevant to report on for the survey. By focusing on these specific data systems, the task force aimed to gather a comprehensive understanding of the current data practices across Hawai'i's state agencies. The information sets collected from these systems are crucial for developing standardized data governance practices.

Table 3. Overview of Participating State Agencies and their Data System.

State Agency	Division	Program Name	Data System
Department of Business, Economic Development, and Tourism	Office of Planning and Sustainable Development	Statewide GIS Program	Geospatial Open Data Portal

State Agency	Division	Program Name	Data System
Department of Health	Adult Mental Health Division	AMHD	Avatar EHR
	Disease Outbreak Control Division	DOCD	Maven
	Child and Adolescent Mental Health Division	CAMHD	MAX/INSPIRE
	Office of Health Status Monitoring	OHSM	Vital Statistics System
Department of Education	Office of Talent Management	eHR	Electronic Human Resources (eHR)
	Office of Information and Technology Services	Infinite Campus	Student Information System
Department of Human Services	Benefits, Employment & Support Services Division (BESSD)	TANF/SNAP/General Assistance	HAWI - planned to transition to BES in 2025
	Med-QUEST Division (MQD)	QUEST Integration (Medicaid)	KOLEA
Office of Hawaiian Affairs	Beneficiary Services	Hawaiian Registry Program	Data Card ID Center Silver Designer 6.5.848
University of Hawaiʻi	Vice President of Academic Strategy	Institutional Research, Analysis and Planning Office	Ellucian Banner
	Vice President for Administration	Office of Human Resources and Office of Systems Integration	PeopleSoft

Assessment of Data Collection, Processing, Retention and Sharing

I.   **Data Collection by State Agency and SDOH Data**

Observations: Data Collection by State Agency

Data collection by state agencies shows heavy reliance on Administrative Records, with 32 instances. Interviews are also widely used, with 25 instances, emphasizing the value of data directly sourced from individuals. Online Forms are moderately used (21 instances), while Surveys and other Electronic Records are less frequently employed, with 9 and 4 instances respectively.

Table 4. Data Collection by State Agency

State Agency	Interviews	Administrative Records	Online Forms	Survey	Electronic Records	Other
DOH	14	12	7	6	4	
DHS	10	10	8			2
DOE	1	5	3	2		
DBEDT			1	1		1
UH		5				
OHA			2			1
Grand Total	**25**	**32**	**21**	**9**	**4**	**4**

Recommendations:

1. **Increase Digital Data Collection**: Promote the use of Online Forms and Electronic Records to enhance data collection efficiency and accessibility. Provide training and resources to staff for implementing and managing digital data collection methods.

2. **Standardize Data Collection Practices**: Develop standardized protocols for data collection across all agencies to ensure consistency and comparability. Encourage the use of comprehensive digital data collection methods, including interviews and surveys, to capture both quantitative and qualitative data.

3. **Enhance Training and Support**: Offer regular training sessions to improve staff competency in using various data collection methods. Provide technical support and resources to facilitate the transition to standardized digital data collection tools.

4. **Regular Monitoring and Evaluation**: Implement regular reviews of data collection practices to identify gaps and areas for improvement. Establish a feedback mechanism to gather insights from staff and stakeholders on the effectiveness of current data collection methods.

5. **Improve Accessibility and Reach**: Develop strategies to increase the reach and accessibility of surveys and digital forms, ensuring they are user-friendly and widely disseminated. Utilize multiple data collection methods to ensure comprehensive coverage of the target population.

Observations: Data Collection by SDOH Type

Table 5 illustrates the preferred methods for collecting SDOH data across various agencies.

Table 5. Data Collection by SDOH Data Type

SDOH Data	Administrative Records	Online Forms	Interviews	Survey	Other	Electronic Records
Gender Identity	8	6	4			
Geographic	7	7	5	4		
Race & Ethnicity	7	2	4		3	4
Housing	5	3	5	2	1	
Languages	5	2	5	2		
Sexual Orientation		1	2	1		
Grand Total	**32**	**21**	**25**	**9**	**4**	**4**

- **Heavy Reliance on Traditional Methods:** The data indicates a heavy reliance on traditional data collection methods such as Administrative Records and Interviews, particularly for SDOH categories like Gender, Geographic, Housing, and Race and Ethnicity.

- **Variation Across Agencies and SDOH Categories:** Different state agencies and SDOH categories exhibit varying levels of data collection through different methods, highlighting the need for standardized practices.

- **Heavier Reliance Based on Data Type:** Certain data types show a heavier reliance on specific data collection methods. For example, Gender data relies more on Administrative Records and Interviews, while Geographic data shows a balanced use of various methods.

- **Effort to Collect Qualitative Data:** Interviews are widely used, indicating a significant effort to collect qualitative data directly from individuals.

- **Controlled Data Collection Methods:** The lower usage of surveys and online forms might suggest a preference for more controlled data collection methods or limitations in reaching the target population through these methods.

Recommendations:

1. **Standardization of Data Collection Practices:** Develop standardized data collection practices to ensure consistency and comparability across different agencies and SDOH categories over time.

2. **Promotion of Digital Methods:** Encourage the adoption of electronic records and online forms in order to streamline data collection processes, improve data accuracy, and enhance accessibility.

3. **Inclusion of Marginalized Communities:** Effective data collection from marginalized communities requires culturally sensitive and accessible methods. It's essential to ensure these communities are adequately represented in data collection efforts by incorporating both quantitative and qualitative methods. This approach will address barriers to participation, build trust, and foster inclusive data practices.

4. **Informed Policy Making:** By improving data collection methods and ensuring high-quality data is available, state agencies can make more informed policy decisions, develop effective programs, and conduct impactful research that increasingly addresses the needs of all communities, especially marginalized groups.

II.   **Data Processing and Categorization:**

Effective data entry methods are essential for maintaining the accuracy and reliability of demographic data. The survey results provide insights into the current practices of state agencies, highlighting the predominant reliance on manual data entry and varied use of automated systems.

Table 6. Processing and Categorization by State Agency

State Agency	Automated Systems	Manual Entry	Both	Other
DBEDT			1	1
DHS		6	4	
DOE	1	2	5	
DOH	6	9	2	1
OHA		3		
UH	3	1	1	
Grand Total	**10**	**21**	**13**	**2**

Observations:

- **Manual Entry Dominance**: Manual data entry is the most prevalent method used by state agencies, with 21 instances. This suggests a significant reliance on manual processes, which can be time-consuming and prone to errors. These manual processes are equally an inefficient use of resources.

- **Limited Automated Systems**: Only 10 instances of automated data entry were reported, highlighting a need for increased adoption of automation to improve efficiency and accuracy.

- **Hybrid Methods**: Thirteen instances show the use of both automated and manual entry methods, indicating a blend of data entry processes. This combination may indicate the current workforce's limitations in fully

transitioning to automated systems, highlighting the need for additional training and resources to support the shift to digital.

- **Diverse Approaches**: Two instances of 'Other' methods indicate varied data entry practices, which could provide insights into alternative approaches.

Recommendations:

1. **Increase Automation**: Invest in automated systems and processes to reduce reliance on manual data entry. This will enhance efficiency, reduce errors, and free up staff for more strategic tasks.
2. **Standardize Practices**: Develop standardized data entry protocols across all state agencies to ensure consistency and reliability.
3. **Training and Support**: Provide comprehensive training and resources to staff to facilitate the transition from manual to automated systems. This will ensure that staff are comfortable and proficient with new technologies.
4. **Regular Monitoring**: Implement regular monitoring and evaluation of data entry methods to identify areas for improvement and ensure adherence to best practices.
5. **Explore Alternative Methods**: Investigate and adopt other effective data entry methods used by agencies, such as the 'Other' methods reported by DBEDT and DOH, to enhance overall data collection and management.

Understanding these practices can help identify areas for improvement and guide the development of more efficient and consistent automated data entry processes.

III.   Data Retention

Effective data retention practices are essential for ensuring the accessibility of collected data. The survey results various retention periods used by state agencies, highlighting trends and potential areas for improvement.

Observations:

Dominance of Long-Term Retention:

- **More than 5 years**: Most of the data retention falls into the category of more than 5 years, with 35 instances across multiple state agencies. The Department of Health (DOH) leads with 18 instances, followed by the Department of Education (DOE) with 8 instances, and the University of Hawaiʻi (UH) with 5 instances.

Short-Term Retention:

- **Less than 1 year, 3-5 years, 1-3 years**: No data retention instances were reported in these categories, indicating a significant gap in short-term retention practices.

Varied Approaches:

- **Other**: Eleven instances fall under 'Other' methods, with the Department of Human Services (DHS) reporting 10 instances and the Department of Business, Economic Development, and Tourism (DBEDT) reporting 1 instance. DHS indicated that the retention period is defined per program and person. This highlights diverse and non-standardized data retention practices, some reflecting federal regulations.

Table 7. Data Retention by State Agency

State Agency	Other	More than 5 years	Less than 1 year	3-5 years	1-3 years
DOH		18			
DOE		8			
UH		5			
OHA		3			
DHS	10				
DBEDT	1	1			
Grand Total	**11**	**35**			

Recommendations

1. **Diversify Retention Periods**: Encourage agencies to establish varied retention periods, including short-term (less than 1 year, 1-3 years, 3-5 years) to ensure flexibility and relevance of data.
2. **Standardize Retention Practices**: Develop standardized data retention protocols across all state agencies to ensure consistency and reliability. Define clear guidelines for retention periods based on data type and usage requirements, additionally reflecting federal requirements.
3. **Enhance Training and Support**: Provide comprehensive staff training on best practices for data retention and the importance of maintaining varied retention periods. Allocate resources to support the implementation of standardized retention practices.
4. **Regular Monitoring and Evaluation**: Conduct regular audits and evaluations of data retention practices to ensure compliance with established standards and identify areas for improvement.
   Implement feedback mechanisms to gather insights from staff and stakeholders on the effectiveness of current retention methods.

5. **Explore and Integrate Innovative Methods**: Investigate the 'Other' methods reported by some agencies to identify innovative approaches that could be standardized and integrated into general practices. Promote interagency collaboration to share best practices and develop unified strategies for data retention.

By addressing these observations and implementing the recommended strategies, state agencies can enhance their data retention practices, ensuring that data is accurately maintained and accessible. This has the potential to support better data governance and thus facilitate more informed decision-making at the program level and across state operations.

IV.   Data Sharing Procedures

The survey results indicate that state agencies have limited procedures for interagency data sharing, with a significant reliance on formal agreements. This reliance can restrict access and slow down the efficient exchange of information. Key points include:

- **Limited Procedures**: The lack of standardized procedures for interagency data sharing creates barriers to effective collaboration. This equally limits opportunities to evaluate the effectiveness and reach of programs from a person-centered holistic view.
- **Reliance on Formal Agreements**: The heavy dependence on existing formal data sharing agreements restricts timely access to information, making it difficult for agencies to share data quickly when needed.
- **Restricted Access**: The necessity of formal agreements can limit the ability to share data freely and efficiently, potentially hindering policy implementation and program effectiveness. The lack of available cross-agency frameworks for appropriate data sharing are a program limitation.
- **Varied Use of Secure Methods**: While some agencies use secure file transfers and encrypted emails, the adoption of these methods is inconsistent, leading to variability in data protection and sharing practices.
- **Need for Standardization**: There is a clear need for standardized and secure data sharing practices across state agencies to ensure the protection and efficient sharing of sensitive information.

By addressing these issues, state agencies can facilitate more seamless and secure sharing of information, reducing the dependence on changes to formal agreements and enhancing overall data governance and the speed

of collaboration. The introduction of data sharing frameworks may be expected to enhance holistic person-centered data sharing via secure and regulatory-compliant methods.

Table 8. Data Sharing Practice by State Agency

State Agency	Data Sharing Agreements	Secure File Transfers	Encrypted Emails	Other
DBEDT				2
DHS	9	9	8	1
DOE	8	8	4	
DOH	9	2	2	6
OHA				3
UH	5	5		
Grand Total	31	24	14	12

Recommendations

1. **Integrate Innovative Data Sharing Methods**: Explore and standardize alternative data sharing methods used by some agencies to enhance overall data management. Foster interagency collaboration to share best practices and develop unified strategies. Provide templates, data sharing frameworks, and guidelines to streamline the creation and implementation of these agreements.

2. **Enhance Secure File Transfers**: Promote the widespread use of secure file transfer methods to improve data security. Offer training and resources to facilitate the adoption of these secure practices.

3. **Increase Use of Encrypted Data Exchange Platforms**: Encourage the use of encrypted data exchange platforms for sharing sensitive information to protect data integrity and confidentiality. Provide staff with the necessary tools and training on encryption methods and associated standard technical tools for secure sharing in ways that respect patient consent.

4. **Regular Monitoring and Evaluation**: Implement ongoing monitoring and evaluation of data sharing practices to ensure adherence to established standards. Gather feedback from staff and stakeholders to continually improve data sharing platforms and methods.

V.   Data Usage within State Agency
Observations:

The survey data highlights significant differences in how various state agencies utilize data. Agencies such as DHS and DOE show extensive data use across multiple domains, indicating a strong reliance on data-driven decision-making. In contrast, other agencies such as DBEDT and OHA exhibit minimal or no data usage, which points to

potential gaps in their data integration and utilization practices. Data usage may also be limited by administrative processes and availability of information, thus constraining operational uses of data.

Table 9. Data Usage Within State Agencies

State Agency	Policy Making	Program Development	Research	Reporting	Other
DBEDT	1	1	1	1	
DHS	8	9	3	8	1
DOE	8	8	5	8	
DOH	1	5	13	16	1
OHA					1
UH	3	3	3	5	
Grand Total	**21**	**26**	**25**	**38**	**3**

- **Resource Allocation Challenges**: Agencies with limited data usage may lack the necessary resources, tools, or expertise to effectively collect, integrate, and utilize data. This hinders their ability to make informed decisions, develop impactful programs, and produce comprehensive reports.

- **Training and Capacity Building Needs**: The disparity in data utilization also points to a need for targeted training and capacity-building initiatives. Agencies with lower data usage may benefit from programs that enhance their data literacy and analytical skills, enabling them to better leverage data for various purposes.

Recommendations

Further information is needed to provide more comprehensive recommendations beyond a review of agency operations needs and alignment with available data sets. Program data systems are typically designed with at least one specific intended use in mind. The survey results may reflect both historical program operations and systems limitations on data use within each agency.

VI.   Barriers and Issues with Data Collection

State agencies have identified various barriers and issues in their data collection efforts around Social Determinants of Health (SDOH). The table provides a comprehensive overview of these challenges:

Table 10. Identified Barriers and Issues in Data Collection

Data Type	Barriers	Issues	Agencies
Race and Ethnicity	Incomplete information during interviews; System limitations; Optional and self-reported data; Challenges in tracing ancestry; Variations in data collection methods	Incomplete data; Data errors from facilities; Unverifiable data	DOH, DHS, UH, OHA
Language	Interview-based collection; System limitations; Optional fields	Incomplete data; Translation quality	DOH, DHS
Housing	Non-mandatory fields; System limitations; Challenges in collecting quality metrics	Incomplete data; Varying definitions	DOH, DHS
Geographic Indicators	Incomplete submissions; Errors in data	Lack of quality checks	DOH
Gender Identity	Lack of training; Optional fields	Incomplete data	DOH

Patterns of Importance

- **System Limitations:** Inadequate data collection systems impact the accuracy and completeness of data across several domains.

- **Optional and Self-Reported Fields:** These lead to incomplete and unverifiable data, reducing information reliability and increasing gaps in data completeness.

- **Training Gaps:** Insufficient training on collecting sensitive data leads to incomplete and inconsistent data.

Recommendations

1. **Standardize Data Collection Methods**: Develop and implement uniform guidelines for collecting data on: race and ethnicity, language, housing, geographic information, and gender identity across all state agencies. This would ensure consistency and comparability of data across agencies.

2. **Enhance Data Collection Systems**: Upgrade and enhance data collection systems to support diverse and detailed data. This includes incorporating multi-language capabilities and standardized metrics for housing conditions. Ensuring systems can handle the complexity of diverse data is expected to improve overall data quality.

3. **Make Key Data Fields Mandatory**: Identify critical data fields to make mandatory and thus ensure completeness and reliability. This includes essential information on race and ethnicity, language preferences, housing conditions, geographic details, and gender identity.

4. **Improve Training Programs**: Conduct regular and comprehensive training programs for staff on SOGI-responsive questioning and accurate data collection methods. This would equip staff with the skills needed to collect sensitive data respectfully and effectively.

5. **Implement Robust Quality Checks**: Establish and enforce robust quality checks to ensure data accuracy and completeness. Regular audits and validation processes should be implemented, particularly for geographic and race/ethnicity data, to maintain high data quality standards.

6. **Facilitate Interagency Collaboration**: Encourage collaboration among state agencies to share best practices and harmonize data collection methods. Regular workshops, seminars, and knowledge-sharing sessions can foster a unified approach to data management and improve overall data quality for cross-program comparisons on services and outcomes.

These barriers and issues highlight the need for standardized data collection methods, improved training, and consistent data quality checks. Addressing these challenges is essential to ensure accurate and comprehensive representation of Hawaiʻi's diverse population in SDOH data, ultimately supporting better outcomes, program evaluation, and equitable policy development.

VII. Data System Utilization Across Hawaiʻi State Agencies

The findings around data systems *(Q1. Which of the following data system types do you currently use for managing this dataset?)* utilized by various Hawaiʻi state departments reveal significant trends. The widespread use of Microsoft SQL Server and Oracle Databases by multiple departments, such as DBEDT, DOH, and DOE, underscores preferences for reliable, scalable database solutions. The legacy specialized systems like HAWI-ADABAS used by DHS illustrate the historically tailored needs of certain departments and present an opportunity for integration and modernization. The adoption of modern commercial-off-the-shelf (COTS) solutions by multiple agencies, signals a shift towards commodity cloud-based data systems, reflecting a progressive approach to data management. These insights guide future data governance and systems initiatives. The increasing use of standardized commercial systems for has the potential to foster interdepartmental data collaboration, creating a more cohesive and efficient data ecosystem across Hawaiʻi State departments.

Table 11. Data Systems used across Hawai'i State Agencies

State Agency	Microsoft SQL Server	Oracle Database	HAWI-ADABAS (today)	Microsoft Dataverse	None of the above	PeopleSoft
DBEDT	1					
DHS		1	1			
DOH	2	1		1		
DOE	1	1				
OHA					1	
UH		1				1
Total	4	5	1	1	1	1

Observations:

The common use of commercial standard data systems across multiple departments highlights the potential for standardization. Departments like DBEDT, DOH, DHS, and DOE all using Microsoft SQL Server and Oracle Databases suggest that unified data governance practices can streamline operations and enhance data sharing. Standardization would be expected to also facilitate better support, training, and maintenance processes, reducing costs and improving efficiency across the board.

Recommendations:

Despite the commonalities, there are notable gaps and opportunities for improvement. The response from OHA, "None of the above," indicates a lack of systems and integrations with common data systems, pointing to areas where efforts could be concentrated to enhance data capabilities. Additionally, specialized systems examples given present opportunities for modernization and integration into broader systems and data governance frameworks.

Data Collection for SDOH Indicators

VIII.   Type of Demographic Data by State Agency

The types of demographic data being collected (*Q11. Types of demographic data being collected: (Select all that apply)*) highlight the varying priorities of each state agency concerning demographic indicators. Many of the agencies surveyed collect data through a comprehensive approach, across multiple categories such as Race and Ethnicity, Languages, Housing, Geographic Data Indicators, Sexual Orientation, and Gender Identity. This broad spectrum of data collection underscores their commitment to understanding and addressing the diverse community served. These agencies equally have identified in this process an intent to move to agency-level

standards for these categories. It is noted however that none of the agencies identified as having these SDOH standards fully in place.

The Department of Health (DOH) submitted survey responses from four different systems, reflecting the diverse populations they serve and the need for varied data collection. Other agencies, including DHS, DOE, OHA and UH, also collect data on Race and Ethnicity. It is important to note that while DOH provided multiple datasets, other agencies are likely to demonstrate similar data collection capabilities on future reviews of additional datasets, highlighting the significance of collecting this information regularly and through a standardized approach across various agencies. The data also reveals that while some Social Determinants of Health (SDOH) are consistently collected across various agencies, there are significant gaps that need attention. Addressing these gaps is essential to achieve a thorough and inclusive understanding of services needs in our community.

Observations on SDOH Data Documentation Across Multiple Systems

Figure 4 provides a comprehensive overview of the extent to which various SDOH categories are being documented across 12 data systems.

Figure 4. Percentage of SDOH Data being Collected.
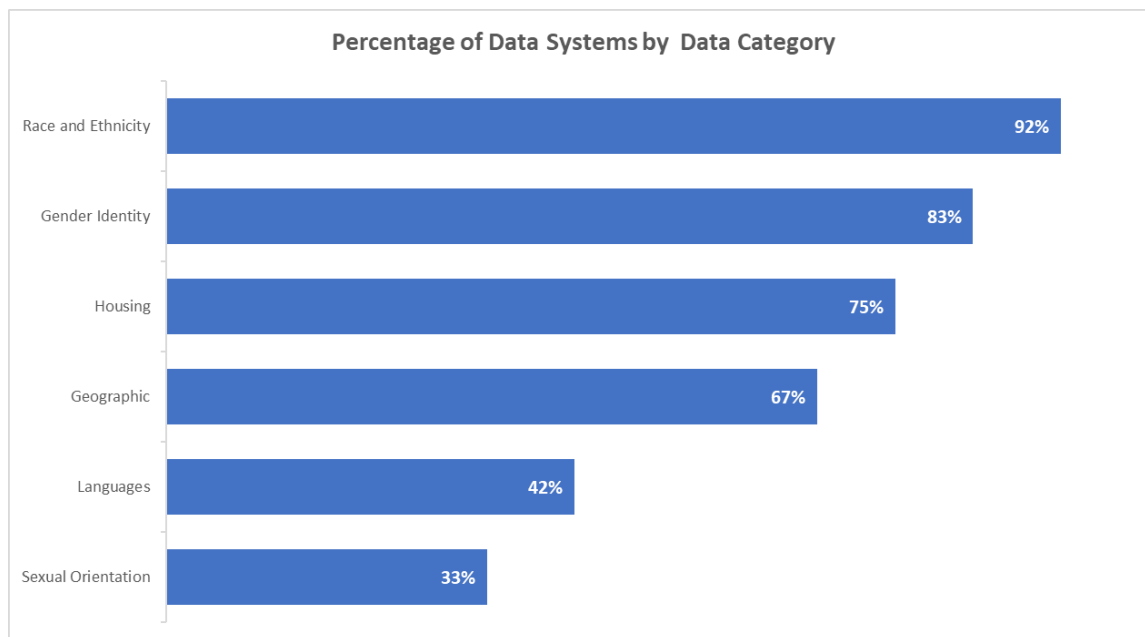
- **Race and Ethnicity** emerges as the most well-documented category, with 92% of the 12 data systems (11 out of 12) collecting relevant data. This high percentage underscores a strong emphasis on understanding disparities and outcomes related to race and ethnicity.

- **Gender** Identity follows closely, with 83% of the data systems (10 out of 12) actively collecting data. This indicates a growing recognition of the importance of capturing diverse gender identities to inform policies and practices.

- **Housing** data collection, with 75% of the data systems (9 out of 12) collecting information. Understanding housing status is crucial for addressing issues like homelessness and housing insecurity, which significantly impact overall well-being.

- **Geographic** data collection at 67% is somewhat less prevalent (8 out of 12). Geographic data is vital for identifying regional disparities and tailoring interventions to specific communities.

- **Languages** data collection, with only 42% or 5 out of 12 data systems has notable drop. Language proficiency and access to language services are essential for providing equitable services, making this an area needing improvement.

- **Sexual Orientation** data collection is even less common, with just 33% of the data systems (4 out of 12) collecting this data. Capturing sexual orientation is critical for understanding and addressing the unique needs of the LGBTQ community.

Recommendations for SDOH Data Collection

A. **Languages**

1. **Standardize Data Collection:** Implement uniform methods for collecting language data across state agencies.

2. **Expand Data Collection:** Encourage all agencies to prioritize language data to better serve non-English speaking communities.

3. **Training and Resources:** Provide training for staff on the importance of language data and allocate resources to support data collection efforts.

B. **Housing**

1. **Uniform Data Collection:** Develop standardized protocols for collecting housing data across agencies.

2. **Collaboration:** Promote interagency collaboration to ensure comprehensive housing data collection.

3. **Data Utilization:** Use housing data to inform policies on affordable housing, housing quality, and stability.

C. **Geographic Data Indicators**

    1. **Standardize Geographic Data:** Create uniform standards for collecting and reporting geographic data across all agencies.

    2. **Spatial Analysis Tools:** Invest in tools and technologies for spatial analysis to leverage geographic data effectively.

    3. **Address Regional Disparities:** Utilize geographic data to identify and address regional disparities, ensuring equitable resource allocation.

D. **Sexual Orientation**

    1. **Expand Data Collection:** Mandate the collection of sexual orientation data by state agencies to understand and address the needs of the LGBTQ+ community.

    2. **Confidentiality Measures:** Ensure the privacy and confidentiality of sexual orientation data to encourage accurate reporting.

    3. **Inclusive Policies:** Leverage the HL7 standard as a solution for SOGI data exchange to develop inclusive policies and programs that support LGBTQ+ communities, ensuring specific needs are met and disparities are effectively addressed.

E. **Gender Identity**

    1. **Comprehensive Data Collection:** Ensure agencies collect comprehensive data on gender identity.

    2. **Sensitivity Training:** Provide training to staff on the importance of accurately collecting gender identity data and understanding diverse identities.

    3. Supportive Programs: Use the data to develop programs that support individuals with diverse gender identities.

IX.   Race and Ethnicity Data Disaggregation

The survey results highlight state agencies' efforts to disaggregate data for Native Hawaiian, Pacific Islander, and Asian race and ethnicity (Q13. Which of the following race and ethnicity data are disaggregated? (Select all that apply)). This provides a clearer understanding of the focus and gaps in demographic data collection.

Table 12. State Agency Data Collection for Disaggregated NHPI and Asian Race and Ethnicity Data

State Agency	Native Hawaiian	Pacific Islander	Asian	None of the above	Other
DOH	4	4	4		
UH	2	2	2		
DOE	2	2	2		
DHS	2	2	2		

State Agency	Native Hawaiian	Pacific Islander	Asian	None of the above	Other
OHA	1				
DBEDT				1	

Observations:

- **Implementation and Integration:** The Department of Health (DOH), University of Hawaiʻi (UH), Department of Education (DOE), Department of Human Services (DHS) and Office of Hawaiian Affairs (OHA) have shown a comprehensive approach, consistently disaggregating data for Native Hawaiians, Pacific Islanders, and Asians across their submitted data systems. In contrast other agencies, such as the Department of Business, Economic Development, and Tourism (DBEDT) do not disaggregate data for these groups, as it may not be a requirement for their data collection. One of the challenges of data standardization is that all data has a cost to maintain.

- **Varied Disaggregation Efforts**: There is a notable disparity in how different agencies disaggregate race and ethnicity data. While some agencies have detailed breakdowns, others do not prioritize such detailed data collection, leading to inconsistencies across the board.

  1. **Data Gaps:** The lack of uniformity in disaggregation practices results in incomplete datasets, which can obscure the unique needs and conditions of specific communities. This hinders a comprehensive understanding of the diverse populations within Hawaiʻi.

  2. **Awareness and Application**: In relation to SPD 15, the data shows a considerable gap in the awareness and application of the revised Federal Statistical Policy Directive No. 15 (SPD15) standards among state agencies. Some agencies are unaware of these standards or have yet to implement them fully, resulting in inconsistent data collection practices.

  3. **Support and Resources**: Agencies require additional support, training, and resources to comply with SPD15 standards and to enhance their data collection methods. The lack of adequate support contributes to the inconsistency and affects the overall quality of the demographic data collected.

Recommendations:

To improve race and ethnicity data disaggregation across state agencies, the following recommendations are proposed:

1. **Standardize Disaggregation Practices**: Establish a uniform approach for disaggregating race and ethnicity data across all state agencies to ensure consistency and comparability.

2. **Increase Data Granularity**: Require agencies to provide more detailed breakdowns of race and ethnicity data, particularly for Native Hawaiians, Pacific Islanders, and Asians.

3. **Enhance Training and Resources**: Provide targeted training and resources to agency staff on the importance and methods of data disaggregation.

4. **Regular Monitoring and Evaluation**: Implement regular reviews to assess compliance with disaggregation standards and identify areas for improvement.

5. **Promote Inter-Agency Collaboration**: Foster collaboration between agencies to share best practices and ensure comprehensive and accurate data collection.

X.   Multi-Racial Data Collection

Understanding how multi-racial data is collected and reported by state agencies is crucial for ensuring that the diverse population of Hawai'i is accurately represented and supported. In addition to disaggregating the race and ethnicity data, the collection under SPD15 aims to highlight the multi-racial population, addressing their unique needs and challenges. The data based on Q14, *How is multi-racial data collected? (Select all that apply),* revealed that different state agencies have varied methods for collecting and categorizing multi-racial data, highlighting the need for consistent and inclusive data collection practices.

Observations:

*   **Diverse Approaches**: Different state agencies have varied methods for collecting multi-racial data. Some agencies like DOH, DHS, and UH allow multiple categories to be selected, while others like DOE provide an option for identifying a primary category along with multiple selections.

*   **Lack of Standardization**: There is no consistent approach across agencies for handling multi-racial data, leading to fragmented practices. Some agencies do not collect multi-racial data at all, as seen with DBEDT and OHA.

*   **Need for Inclusivity**: Inconsistent data collection methods may not fully capture the diversity of the population, potentially impacting the support and services provided to multi-racial individuals.

Table 13.Multi-Racial Data Collection

State Agency	Multiple Categories can be selected	Only One category can be selected, with an	Only one category can be selected, with no "two	Multiple categories can be selected, and	Not Collected	Other

		option of "two or more" or similar can be selected	or more" option, but a write-in option is included	individuals can also identify a primary category		
DBEDT					1	
DHS	2					
DOH	3	1				*1
DOE	1	1		1		
OHA						
UH	2			1		

*DOH: OHSM has unique collection methods for birth, data and marriage

Recommendations:

1. **Standardize Multi-Racial Data Collection**: Develop and implement uniform guidelines for collecting multi-racial data across all state agencies. This should allow for multiple category selections and include an option to identify a primary category where applicable.

2. **Enhance Data Collection Practices**: Encourage the adoption of best practices from agencies that already have inclusive multi-racial data collection methods. Provide training and resources to agencies that currently do not collect multi-racial data.

3. **Improve Data Quality and Consistency**: Establish clear protocols to ensure the consistency and reliability of multi-racial data collection. Regularly review and update these protocols to reflect changing demographics and ensure that all individuals are accurately represented.

XI.   Multi-Racial Categorization Among State Agencies

Understanding how multi-racial data is collected and categorized, (Q17. How is multi-racial data categorized), by state agencies is essential, particularly in Hawai'i. It underscores the critical role of uniform data collection and sharing in administering the state's responsibilities to Native Hawaiians.

Table 14. Multi-Racial Data Categorization

State Agency	Algorithm takes multiple selected categories and combines into single "Two or	Algorithm looks for Native Hawaiian among multiple selections, then categorizes as Native Hawaiian	Algorithm takes first selection in order of selections, then categorizes as that selection	Algorithm allows for multiple categories to be associated with an individual	Other

	more" or equivalent				
DBEDT					1
DHS				2	
DOH	1			1	3
DOE					2
OHA					
UH	1	1			1

Observations:

Different state agencies in Hawaiʻi use varied algorithms for categorizing multi-racial data:

- **DOH and UH**: Allow multiple categories to be associated with an individual.

- **DHS**: Uses an algorithm that prioritizes Native Hawaiian among multiple selections and categorizes accordingly.

- **DBEDT, DOE, and OHA**: Do not have a standardized approach or specific method for collecting multi-racial data.

Recommendations:

1. **Standardize Multi-Racial Data Collection**: Implement uniform guidelines across all state agencies to allow multiple category selections and identify primary categories where applicable.

2. **Improve Data Quality and Consistency**: Establish clear protocols for consistent and reliable multi-racial data collection, regularly updating them to reflect changing demographics.

XII. **Implementation of the Statistical Policy Directive No.15 (SPD15)**

The survey results indicate that while some state agencies are already disaggregating their race and ethnicity data into a granular level, there are still considerable gaps in the awareness and application of SPD 15 (*Q12. Has your agency implemented the revised Federal Statistical Policy Directive No.15 (SPD15) standard for collecting race and ethnicity data beyond the minimum categories?).* Improving communication, training, and support are crucial to ensure all state agencies adhere to the new standards going forward, thus improving the quality and utility of demographic data collected across Hawaiʻi.

Table 15. State Agency Responses to SPD15 Data Collection Awareness and Practices

State Agency	Yes	No	Yes, before SPD 15	Not Aware	Other
DBEDT					*1
DHS			2		
DOH		1	2		**1
DOE			2		
OHA				1	
UH			1	1	

*DBEDT does not collect race and ethnicity data.
** One of DOH's programs indicated that they are in discussion around the application of SPD15 in their Race and Ethnicity data collection.

Observations:

- **Implementation Variability**: Some state agencies (DHS, DOH, DOE) have successfully integrated the SPD15 standards for collecting race and ethnicity data, while others have not yet implemented these changes. This leads to inconsistent data collection practices across different agencies.

- **Awareness Gaps:** There is a significant disparity in awareness about SPD15 among state agencies. Many agencies are not fully aware of the revised standards for disaggregating data beyond the minimum categories.

- **Support Needs:** Agencies lack adequate support, training, and resources to fully comply with SPD15 standards. This contributes to the inconsistent application of these standards and affects the overall quality of the collected data to inform policies.

Recommendations:

1. **Enhance Communication**: Improve communication channels to ensure all state agencies are aware of the revised SPD15 standards and the importance of collecting disaggregated race and ethnicity data. This is recommended to be a leadership push from the ETS-led State Data Task Force.

2. **Provide Training and Resources:** The State Data Task Force can promote and facilitate comprehensive training programs and oversee allocation of resources to support agencies in implementing SPD15 standards. This would help bridge knowledge gaps and ensure consistent data collection practices.

3. **Standardize Data Collection Methods:** Develop and enforce standardized data collection methods across all state agencies to ensure compliance with SPD15. This would enhance the reliability and utility of demographic data collected.

4. **Regular Monitoring and Evaluation:** Implement a system for regular monitoring and evaluation of agencies' compliance with SPD15 standards. This would help identify areas for improvement and ensure continuous adherence to the revised standards.

5. **Increase Accessibility:** Make the collected data easily accessible to all relevant stakeholders. This has the potential to facilitate better-informed policymaking and program development, ultimately benefiting all of Hawai'i's diverse communities.

XIII.   SPD 15 Standards in the Presentation/Tabulation of Race and Ethnicity Data

State Agencies were asked if they follow the revised SPD15's requirement to disaggregate race and ethnicity data in their tabulation and presentation when useful and appropriate.

Table 16. Compliance with SPD 15 Presentation of Race and Ethnicity Data

State Agency	Tabulation	Presentation	Both	None	Other
DBEDT					1
DHS	1	1	1		1
DOH			2	2	
DOE				1	
OHA				1	
UH			1		1

Observations:

• **Varied Compliance**: The recently released SPD15 revision encourages state agencies to report the disaggregate data in both tabulation and presentation. Different state agencies show varying levels of alignment with these guidelines. DHS, DOH, and UH have indicated some level of alignment, whereas DBEDT, DOE, and OHA have shown none to date. This variation may be due to a lack of awareness of the new standards and applicability for federal reporting. It is noted the absence of a consistent approach is likely to lead to fragmented practices and inconsistencies, a reduced ability to evaluate compliance with the federal regulation, and a reduced ability to evaluate this data on a statewide basis.

Recommendations:

1. **Standardize Data Disaggregation Practices:** Develop and implement uniform guidelines for disaggregating data according to SPDS's 15 requirements across all state agencies. This would ensure consistency and reliability in both tabulation and presentation.

2. **Enhance Training and Support:** Provide training programs and resources to ensure all agencies understand the importance of data disaggregation and have the skills to implement it effectively.

XIV. **Publication of Multi-Racial Report to the Public**

The survey results showed that state agencies in Hawaiʻi use various methods for reporting multi-racial data. The Department of Health (DOH) employs multiple approaches, including "multi-racial," "similar to Census," and "not reported," showing a comprehensive method. The Department of Human Services (DHS) and the University of Hawaiʻi (UH) use the "multi-racial" categorization. The Department of Education (DOE) reports using a "two or more" category. In contrast, the Office of Hawaiian Affairs (OHA) and the Department of Business, Economic Development & Tourism (DBEDT) do not report multi-racial data or do not maintain specific methods. This agency-to-agency inconsistency underscores the need for standardized guidelines to ensure accurate and inclusive data collection to evaluate services provided statewide.

Table 17. Multi-Racial Data for Public Report

State Agency	In a "two or more" category	In a "multi-racial" category	Similar to Census, report "along and in combination"	Not reported	Other
DBEDT					
DHS		1			1
DOH		1	1	2	1
DOE	1				1
OHA				1	
UH		1			1

Recommendations:

1. **Standardize Multi-Racial Data Reporting**: Implement uniform guidelines across all state agencies for reporting multi-racial data. This would ideally include consistent categories such as "multi-racial," "two or more," and "similar to Census" to ensure comprehensive and inclusive data collection.

2. **Enhance Data Collection Practices**: Adopt best practices from agencies like DOH that use multiple methods for reporting multi-racial data. Provide training and resources to agencies that currently lack standardized reporting practices to improve accuracy and inclusivity.

XX. **Data Collection Practices for Languages, Housing, Geographic Data and Sexual Orientation and Gender Identity**

The table below summarizes the key findings from the assessment of data collection practices related to SDOH values for language, housing, geographic indicators, sexual orientation, and gender identity. For detailed data tables, please refer to Appendix E.

Category	Question	Findings
Language Data Collection	Q29: "Which of these primary languages are being collected?"	Inconsistencies in the collection of primary languages; some agencies collect various languages, while others do not collect any language data.
	Q30: "Which of these languages spoken at home are being collected?"	Alignment between the collection of primary and home languages in some agencies, but overall practices vary widely.
Other Languages Collected	Q33: "Please specify what other languages are used besides English?"	Some agencies collect a broader range of languages, including Visayan, Chuukese, Hawaiian, Laotian, Marshallese, Micronesian, Samoan, Spanish, Tongan, Trukese, and Vietnamese.
Translation Services and Multilingual Tools	Q31: "What translation services data are being collected?"	Inconsistent data collection on translation services; most agencies do not collect data on on-demand interpretation, scheduled interpretation, document translation, or website localization.
	Q32: "Are data collection tools available in other languages other than English?"	Limited availability of multilingual data collection tools; only a few agencies have these tools.
Housing Data Collection	Q44: "What types of housing data are collected?"	The types of housing data collected vary across state agencies. Some agencies collect data on houselessness and other specific information, while others do not collect any housing data. Additional responses include DHS collecting addresses and subsidized housing data, and DOH collecting current living arrangement data.
Geographic Data Indicators	Q55: "What types of geographic data indicators are collected?"	The types of geographic data indicators collected vary across state agencies. Some agencies collect demographic, health, housing, and environmental data, while others do not collect any

Category	Question	Findings
		geographic data. Additional responses include DHS collecting zip codes, DOH collecting street addresses and demographic data, and UH collecting addresses and high school information.
Sexual Orientation Data Collection	Q66: "What types of sexual orientation data are being collected?"	Most agencies do not collect any sexual orientation data, except for DOH, which collects data on Gay, Lesbian, Straight, Bisexual, and "I Don't Know."
Gender Identity Data Collection	Q78: "What types of gender identity data are being collected?"	The types of gender identity data collected vary across state agencies. Some agencies collect data on a range of gender identities, while others collect very limited or no gender identity data. Additional responses include DHS noting the data collection as optional, DOH collecting information on civil unions for gay and lesbian individuals since law changes in 2013, and DOE noting unknown data.

Observations

- **Inconsistencies in Data Collection Practices**

    o **Primary and Home Languages (Q29 & Q30):** There is a notable inconsistency in the collection of primary and home languages across various state agencies. Some agencies diligently collect data on multiple languages, which helps them understand and serve the diverse linguistic needs of the population. However, other agencies either collect minimal language data or do not collect any at all. This inconsistency creates significant gaps in the available data, making it difficult to have a comprehensive understanding of the linguistic diversity within the state.

    o **Gender Identity Data (Q78):** The practices for collecting gender identity data vary widely among agencies. While some agencies have made strides in capturing a range of gender identities, including transgender and non-binary, others limit their data collection to traditional male and female categories or do not collect any gender identity data. This variation leads to an incomplete representation of the gender diversity within the state, hindering efforts to address the needs of all gender identities effectively.

- **Inadequate Data Systems**

- o **Geographic Data Indicators (Q55)**: The current data systems in many agencies are often inadequate for handling detailed and comprehensive geographic data collection. Agencies struggle to collect and manage data on demographics, health, housing, and environmental indicators due to system limitations. This inadequacy results in incomplete or fragmented geographic data, which affects the ability to analyze and address regional disparities effectively.

  - o **Sexual Orientation Data (Q66)**: The data systems used by many agencies are not designed to capture the full spectrum of sexual orientation. Most agencies do not collect any sexual orientation data, except for a few that gather limited categories. This limitation results in a lack of comprehensive data on the sexual orientation of the population, which is crucial for developing inclusive policies and programs.

- **Limited Availability of Multilingual and Inclusive Tools**

  - o **Multilingual Tools (Q32)**: The survey identified a significant shortage of data collection tools available in languages other than English across state agencies. This limitation poses a barrier to accurately capturing data from non-English speaking populations, leading to underrepresentation and gaps in understanding the needs of these communities.

  - o **Translation Services (Q31)**: Few agencies collect comprehensive data on the availability and use of translation services, including on-demand interpretation, scheduled interpretation, document translation, and website localization. This lack of detailed data impacts the ability to provide adequate support and services to non-English speaking populations, further exacerbating accessibility issues.

Recommendations

1. **Standardization:** Develop and implement uniform guidelines for data collection across all state agencies.
   - o Create standardized forms and templates to ensure consistency.
   - o Develop protocols for collecting data on primary languages, home languages, housing, geographic indicators, sexual orientation, and gender identity.
   - o Establish a central oversight body to monitor compliance.

2. **Data Systems Improvement:** Upgrade and enhance data collection systems to support detailed and comprehensive data entry and analysis.
   - o Implement advanced data management systems for diverse data types and indicators.

- o Ensure systems support real-time data entry, retrieval, and reporting.
- o Integrate data systems across state agencies to facilitate sharing and collaboration.

3. **Training:** Provide comprehensive training programs for staff on standardized data collection practices.
    - o Develop training modules on the importance of accurate data collection, use of standardized tools, and handling multilingual and inclusive data.
    - o Conduct regular workshops and training sessions on best practices and new technologies.
    - o Include practical exercises and case studies to reinforce learning.

4. **Interagency Collaboration:** Foster collaboration between state agencies to share best practices and resources.
    - o Establish an interagency task force for communication and coordination.
    - o Create platforms to share data collection tools, methodologies, and success stories.
    - o Organize joint training sessions and workshops to promote a unified approach. Include

5. **Regular Review and Quality Assurance:** Implement regular review and quality assurance processes to ensure data accuracy and reliability.
    - o Conduct periodic audits of data collection practices and systems to identify and address discrepancies.
    - o Establish a quality assurance team to review and validate collected data.
    - o Implement feedback mechanisms to continuously improve data collection practices.

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Summary of All Findings and Recommendations

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Key Findings

The Task Force emphasized the importance of taking actions to address the following issues that were previously flagged by earlier legislative efforts (SCR 5, Act 167 and Act 136):
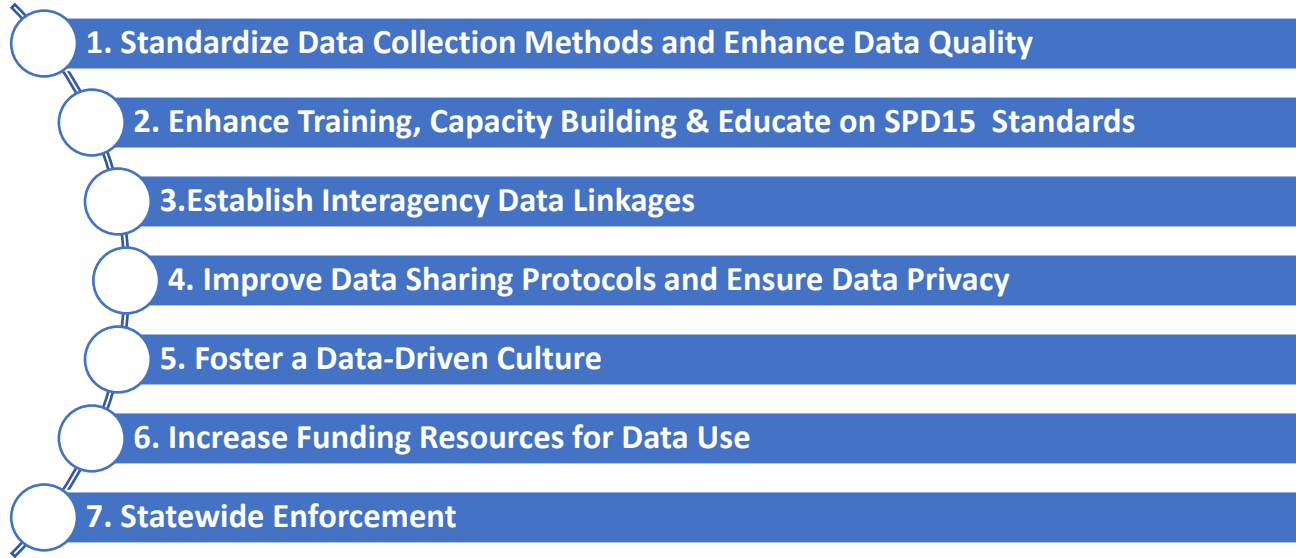
1. **Inconsistent Data Collection**: Significant inconsistencies in data collection across various demographics and SDOH indicators, such as race/ethnicity, languages, housing, and sexual orientation were identified thus impacting support for vulnerable populations.
2. **Need for Standardization**: A clear need for standardization and modernization of data systems using commercial-off-the-shelf systems to streamline operations, increase automation, reduce costs, and enhance interagency collaboration.

3. **Heavy Reliance on Administrative Records**: A heavy reliance on administrative records and interviews, with limited use of electronic records was noted. Expanding electronic data collection could significantly improve efficiency and accessibility.

4. **Inconsistent Application of Standards**: The inconsistent application of SPD15 standards for race/ethnicity data disaggregation necessitates increased training and support. Expanded standards has the potential to improve information sharing and program evaluation.

5. **Barriers in Data Collection Methods**: Significant barriers include incomplete data submissions, system limitations, and a lack of training on collecting sensitive data.

Overall Recommendations:

The Task Force has identified seven key recommendations (Figure 5). With the recent release of SPD15, prioritizing these recommendations to align with SPD15 requirements is crucial. Due to the complexity of this process, legislative approval for continued meetings is necessary to facilitate the refinement of the proposed Roadmap (Appendix F) and ensure a consensus-driven action plan. This ongoing effort, with active participation from more state agencies under ETS leadership, will enable a smooth handoff of these recommendations to the ETS-led State Data Task Force. Adequate funding is essential to support these efforts, including investments in workforce development, operational enhancements, and materials. Additionally, new legislation should be considered to establish mandates and enforcement mechanisms, ensuring adherence to recommended practices and standards. This legislation should include provisions for public transparency, oversight, and accountability, with a designated body to oversee implementation, conduct regular audits, and report on compliance.

Figure 5. Recommendations

1. Standardize Data Collection Methods and Enhance Data Quality

2. Enhance Training, Capacity Building & Educate on SPD15 Standards

3. Establish Interagency Data Linkages

4. Improve Data Sharing Protocols and Ensure Data Privacy

5. Foster a Data-Driven Culture

6. Increase Funding Resources for Data Use

7. Statewide Enforcement

Short-term Priorities and Actions (Standardization and Training)

1. **Standardize Data Collection Methods and Enhance Data Quality**

    - **Uniform Practices**: Implement a universal data collection template for demographics and SDOH across all departments.

    - **Electronic Tools**: Deploy centralized electronic data collection systems accessible to all departments.

    - **Ongoing Training**: Conduct quarterly training sessions for staff on standardized data collection procedures.

    - **Data Dictionary**: Create and distribute comprehensive data dictionaries to ensure uniform data definitions that are aligned across agencies.

    - **Regular Audits and Quality Control**: Establish a bi-annual audit schedule and form dedicated quality control teams to maintain data accuracy, compliance, and integrity.

2. **Enhance Training, Capacity Building & Educate on SPD15 Mandate**

    - **Training Programs:** Develop e-learning modules and workshops to educate staff, with a strong focus on the SPD15 mandate, and other standards over time.

    - **Data Literacy:** Improve data literacy and analytical skills among employees to ensure compliance with SPD15.

- **Resource Library:** Create a centralized resource library with best practices, guidelines, and detailed information on SPD15 requirements.

- **Community and Nonprofit Involvement:** Engage community-based and nonprofit partner organizations in the education process and create subgroups committees with experts and community leaders to guide the application of data initiatives.

A proposed roadmap (Appendix F) is provided to map out a clear standardization and implementation plan for these priorities, ensuring that all actions are systematically carried out and tracked for progress. All efforts will ensure that Hawaiʻi meets the SPD15 implementation deadline by March 2029.

Long-Term Priorities

1. **Establish Interagency Data Linkages:**

   - **Develop Secure Data Integration Platforms:** Create robust and secure platforms that communicate and facilitate seamless integration of data from various state agencies. These connected platforms should ensure data integrity, security, and accessibility.

   - **Coordinate Data Initiatives Through Interagency Task Forces:** Form task forces composed of representatives from different state agencies to oversee and coordinate data integration efforts. These task forces will ensure alignment and collaboration across agencies to achieve common data goals.

2. **Improve Data Sharing Protocols and Ensure Data Privacy:**

   - **Implement Secure Data-Sharing Channels:** Develop and implement secure channels for data sharing between state agencies. These channels should be designed to prevent unauthorized access and ensure that data is transmitted securely.

   - **Develop Formal Agreements for Data Sharing:** Establish formal agreements and protocols for data sharing, including Memorandums of Understanding (MOUs) and Data Use Agreements (DUAs), with adaptable frameworks to scale data sharing use cases over time. These agreements and frameworks will outline the terms, conditions, legal requirements, and responsibilities for data sharing.

   - **Conduct Regular Compliance Checks to Ensure Data Privacy:** Implement set schedules for regular compliance checks to ensure that all data-sharing practices adhere to privacy regulations and

standards. These checks would help identify and address any potential breaches or non-compliance issues.

3. **Foster a Data-Driven Culture:**

- **Promote Data-Driven Decision-Making Through Leadership Training:** Conduct training programs for leadership and management teams to emphasize the importance of data-driven decision-making. These programs would equip leaders with the skills and knowledge to utilize data effectively in their strategic planning.
- **Implement Incentive Programs to Encourage Data Use:** Develop incentive programs that reward employees and departments for effectively using data in their operations and decision-making processes. These programs can include recognition or other forms of incentives.
- **Enhance Internal Communications to Support Data Initiatives:** Improve internal communication channels to ensure that all employees are aware of data initiatives and best practices. Regular updates, newsletters, and information sessions should be prepared to help inform and engage staff.

4. **Increase Funding Resources for Data Use:**

- **Secure Funding Through Grant Applications:** Actively seek out and apply for federal funding and grants to fund data governance initiatives, aligned to federal program requirements. These sources may be able to accelerate data initiatives and provide crucial financial support for implementing data projects.
- **Allocate Budget Resources to Support Data Initiatives:** Ensure that a portion of the state technology budget is allocated specifically for data governance and management activities, with measurable goals and milestones for improving the effectiveness of programs using data-driven-decision-making. This allocation would be essential to promote and maintain the quality of ongoing data efforts.
- **Pursue Public-Private Partnerships to Bolster Funding:** Establish partnerships with private sector organizations to leverage additional resources and expertise. These partnerships can bring in additional funding and provide opportunities for collaboration on data initiatives.

5. **Statewide Enforcement:**

- **Automated Systems:** Invest in advanced software and technology to streamline data processing and ensure compliance. Fund tools and resources to automate data handling and to audit enforcement of data standards.
- **Regular Audits:** Establish routine audits with dedicated teams to monitor adherence to data standards and identify areas for improvement.

Conclusions

The 21st Century Data Governance Task Force's assessment highlights significant barriers in demographic data practices across state agencies, particularly in the Social Determinants of Health (SDOH) sector. These barriers actively impact the effectiveness and efficiency of State agency programs, and the outcomes of residents. The introduction of Statistical Policy Directive No. 15 (SPD15) in March 2024 underscores this need for detailed race and ethnicity data collection, especially for Asians, Native Hawaiians, Pacific Islanders, and multi-racial groups that make up a majority of our population.

Key findings include current inconsistent data collection methods, a lack of standardized data systems, reliance on administrative records, and barriers in data collection practices.

To address these issues, the Task Force recommends focusing immediately on two key priorities: standardization and training. Standardizing data collection methods and enhancing training programs are crucial for the successful implementation of SPD15. Additionally, enhancing data systems, mandating key data fields, implementing robust quality checks, and facilitating inter-agency collaboration will further strengthen data governance.

These findings and recommendations are being shared with the State Data Task Force to inform the implementation of Act 167, aiming to establish robust data governance practices, monitor progress, and improve public health outcomes. Legislative support and funding are essential to address these priorities effectively, enhancing public health outcomes, and supporting equitable policy development across the state. Specifically, the following legislative support are needed:

1. **Continuous Monthly Meetings**: Given the complexity of a statewide data standardization process, extending the Task Force meetings is essential to develop a detailed, step-by-step action plan. These

ongoing meetings are crucial for reviewing and refining the proposed roadmap (Appendix F) to ensure a consensus-driven approach and cohesive strategy implementation. Additionally, inviting more state agencies to participate actively and contribute their insights will be vital, under the data leadership of ETS.

2. **Additional Funding:** Allocating additional funding is crucial to support workforce development, operational enhancements, and a comprehensive information infrastructure modernization. This modernization includes upgrading data management systems, implementing advanced data integration platforms, and enhancing data security protocols.

3. **New Legislation:** Consideration of new legislation to provide mandates or statewide enforcement mechanisms that will ensure adherence to the recommended practices and standards. This legislation should also include provisions for public transparency and oversight/accountability, ensuring that data collection practices and compliance statuses are made publicly available. Additionally, a governing body or committee, preferably led by ETS, should be established to oversee implementation, conduct regular audits, and report on compliance to promote accountability and trust in the process.

Appendix A: Key Legislations Shaping Data Governance in Hawai'i

Senate Concurrent Resolution No. 5 (SCR 5)

Senate Concurrent Resolution No. 5 (SCR 5) highlighted the critical issue of inconsistent data practices for Native Hawaiian and Pacific Islander communities. Passed during the 2021 Legislative Session, SCR 5 urged the establishment of a Task Force on 21st Century Data Governance to assess and enhance data collection, processing, retention, and sharing across state departments.

The task force, comprising representatives from various state agencies, identified significant inconsistencies in data practices. Findings revealed diverse methods of data collection, including paper, electronic self-reports, and third-party identification, leading to variations in processing and reporting. The task force emphasized the need for standardized practices, improved datasets, new databases, and increased staffing.

These efforts laid the foundation for Act 167 and Act 136, which aimed to improve data governance, enhance transparency, and support effective policymaking by ensuring consistent and comprehensive data practices across Hawai'i.

Act 167

Act 167 establishes the importance of increasing access to data maintained by state agencies in Hawai'i. It highlights the benefits of data sharing for public policy, innovation, public engagement, and transparency. The Act mandates the creation of a Chief Data Officer (CDO) within the Office of Enterprise Technology Services (ETS) and a data task force to develop, implement, and manage statewide data policies, procedures, and standards. The State CDO is tasked with facilitating data sharing across state agencies and making data sets available to the public, while ensuring data privacy and security.

Act 136 (S.B. 811)

Act 136 builds on the foundation set by Act 167 by furthering the efforts to enhance data governance and sharing. During the 2023 Legislative Session, Act 136 (S.B. 811) was passed. This pivotal piece of legislation aimed to enhance the state's approach to demographic data collection, processing, retention, and sharing. Recognizing Hawai'i's diverse and unique population—which includes significant representation from different groups of Asians, Native Hawaiians, and Pacific Islander. The act sought to address the challenges faced by state agencies in managing and utilizing demographic data effectively.

However, Act 136 sunsetted before it could be fully executed. This led to the formation of SCR174 SD1, SLH 2024 which called for a renewed efforts to improve data governance. SCR174 SD1, SLH 2024 requested the Department of Health to convene a Task Force on 21st Century Data Governance to continue the work initiated by Act 136, ensuring that data practices across state agencies are consistent, efficient, and effective in supporting the state's diverse population.

Appendix B: SDOH Definition Used in the Survey

The survey questions aimed to identify commonalities and barriers for demographic and social determinant data: collecting, processing, and reporting.

- **Race and Ethnicity:** This data helps to understand demographic diversity and to address the specific needs of different racial and ethnic groups.

- **Languages:** Details on the languages spoken by individuals, covering primary and secondary languages, and proficiency levels.

- **Housing:** Information related to individuals' living arrangements, including home ownership status, housing conditions, and access to housing.

- **Geographic Data Indicators**: Information that includes the distribution of population demographics, health outcomes, housing conditions, and environmental factors across different geographic areas.

- **Sexual Orientation:** Data on an individual's physical, romantic, and/or emotional attraction to others.

- **Gender Identity:** Information on an individual's internal sense of their gender, which may be male, female, a blend of both, or neither.

- **Other:** Any additional categories or data points that are relevant but not covered under the specific headings above, capturing unique aspects of demographic data for research or policy needs.

Appendix C: Informational Flyer to State Directors and Task Force Members

A Call to Transform Hawaii's Data

Advancing Equity Through Enhanced Demographic Data Practices

Transforming Demographic Data Collection and Utilization

In Hawaii, where accurate and detailed demographic data is crucial for informed decision-making a new law, Act 136, is set to transform demographic data collection and utilization.[1] Recognizing the need for accurate and detailed data, the Hawaii State Legislature introduced Senate Resolution 150 SD1.[2] This resolution mandates the creation of the Twenty-First Century Data Governance Task Force to assess current data practices and recommend a new data governance framework to the legislature.

Capturing Diversity with New Data Standards

Hawaii's diverse population, with Asian Americans, Native Hawaiians, and other Pacific Islanders comprising 46.5% of residents, highlights the need for accurate data collection.[3] The resolution emphasizes disaggregating this data to address community needs effectively. The task force will align with Statistical Policy Directive No. 15 (SPD15), effective March 28, 2024, which updates federal standards for race and ethnicity data, allowing multiple category selections for detailed demographic breakdowns. Federal agencies must update practices, submit an Agency Action Plan within 18 months, and achieve full compliance within five years. [4]

Key Factors Influencing Equity

The task force will be focusing on key factors influencing equity, recognizing their critical role in shaping equitable outcomes. These factors include race and ethnicity, languages, housing, sexual orientation and gender identity (SOGI), and geographic data. Each of these elements is essential for identifying disparities, ensuring accessibility, promoting well-being, addressing unique needs, and supporting evidence-based planning.

The Road Ahead Powered by a Unified Effort

To ensure the success of this initiative, it is crucial for state agencies to promptly complete the comprehensive questionnaire. *The findings from this questionnaire will be pivotal in shaping the report to the legislature, helping to evaluate current demographic data practices, recommend uniform standards, and enhance transparency and informed decision-making. State agencies'* prompt participation is essential to ensure that the diverse needs of Hawaii's communities are accurately represented and addressed.

[1] https://www.capitol.hawaii.gov/slh/Years/SLH2023/SLH2023_Act136.pdf
[2] https://www.capitol.hawaii.gov/sessions/session2024/bills/SR150_SD1_.pdf
[3] https://www.neilsberg.com/insights/hawaii-population-by-race/
[4] https://spd15revision.gov/

For questions or comments, please contact Dulce Belen: dulce.belen@doh.hawaii.gov   808.354.9767

Appendix D: Official Request for Participation Memo

JOSH GREEN, M.D
GOVERNOR OF HAWAII
KE KIA'AINA O KA MOKU'AINA O HAWAI'I

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File

October 3, 2024

TO: Kenneth S. Fink, MD, MGA, MPH
            Director of Health

CC: [Name Here]
            21st Century Task Force Representative

FROM: Derek Vale
            Chief Data Officer, Hawaii State Department of Health

            Rebecca Cai
            State Chief Data Officer, Hawaii State Enterprise Technology Services

SUBJECT: **21st Century Data Governance Task Force Questionnaire**

The State of Hawaii is committed to transforming the way we collect and utilize demographic data to better serve our diverse communities. In accordance with Act 136 and SR150, the Department of Health was commissioned to establish a Task Force on 21st Century Data Governance to assess and improve data practices around current demographic data collection, processing, retention, and sharing.

As a part of this initiative, we are conducting a survey to understand how state agencies handle demographic data, with a focus on Native Hawaiian, Pacific Islander (NHPI), and Asian American sub-populations. We are also seeking data practices on Social Determinants of Health (SDOH) related to race and ethnicity, language barriers, sexual orientation and gender identity (SOGI), housing, and geographic indicators to support equitable outcomes.

Questionnaire Details:
- **Deadline:** Please submit completed questionnaire by **Friday, October 25, 2024.**
- **Scope:** Ensure the questionnaire includes the three largest datasets your agency manages, which may require completing the questionnaire multiple times.
- **Link:** [Insert Questionnaire Link Here]

Your participation is crucial in helping us better serve the sub-populations in our community. The findings and recommendations from this survey will be presented to the 25th Legislature, guiding future policies and initiatives.

We appreciate your time and effort.

For questions, please contact Dulce.Belen at dulce.belen@doh.hawaii.gov or (808) 354-9767.

Attachments: A Call to Transform Hawaii's Data

Languages

Table 18. Q29. Which of these primary languages are being collected? (Select all that apply):

State Agency	Ilocano	Japanese	Tagalog	Filipino	Korean	Chinese	Other
DBEDT							
DHS	1	1	1	1	1	1	2
DOH	3	3	3	3	3	3	1
DOE							1
OHA							
UH							

Other: DHS: Chuukese, Marshallese, Kosraean, Hawaiian
DHS: Preferred language
DOE: Other

Table 19. Q30. Which of these languages spoken at home are being collected? (Select all that apply)

State Agency	Ilocano	Japanese	Tagalog	Filipino	Korean	Chinese	Other
DBEDT							
DHS	1	1	1	1	1	1	1
DOH	3	3	3	3	3	3	
DOE	1	1	1	1	1	1	
OHA							
UH							

Other: DHS: Chuukese, Marshallese, Kosraean, Hawaiian

Table 20. Q31. What translation services data are being collected? (Select all that apply):

State Agency	On-Demand Interpretation	Scheduled Interpretation	Document Translation	Website Localization	Video Translation	Other
DBEDT						
DHS						2
DOH	3					
DOE						
OHA						
UH						

Other: DHS: first three - survey not allowing all 3 DSH: first three - survey not allowing all 3

Housing

Table 21. Q44. What types of housing data are collected? (Select all that apply)

State Agency	Housing stability	Housing quality	Houseless	Other
DBEDT				
DHS			2	2
DOH			2	1
DOE			1	
OHA				
UH				

Other: DHS: addresses
　　　　DHS: subsidized
　　　　DOH: "current living arrangement"

Geographics Data Indicators

Table 22. Q44. What types of geographic data indicators are collected? (Select all that apply)

State Agency	Demographic data	Health data	Housing data	Environmental data	Other
DBEDT				1	
DHS	1				1
DOH	2	1			2
DOE	2		1		
OHA	1				
UH	1				1

Other: DHS: Zip Code
　　　　DOH: street address
　　　　DOH: Demographic data
　　　　UH: Address is collected, as well as high school

Sexual Orientation

Table 23. Q66. What types of sexual orientation data are being collected?

State Agency	Gay	Lesbian	Straight, that is not Gay or Lesbian	Bisexual	I Don't Know	I use a different term	Other
DBEDT							
DHS							
DOH	2	2	2	2	1		
DOE							
OHA							
UH							

Gender Identity

Table 24. Q78. What types of gender identity data are being collected?

State Agency	Female	Male	Transgender	Non-binary	Prefer not to say	Other
DBEDT						
DHS	2	2				1
DOH	3	3	2	1	2	2
DOE	2	2		1	1	1
OHA	1	1				
UH	2	2	2	2		

Other: DHS: Optional
DOH: information collected on civil unions for gay & lesbian - civil unions since law changes in 2013.
DOE: Unknown

Appendix F: Roadmap for Standardization & Implementation of SPD15 by Year

All identified activities and timelines are subject to the Task Force's consensus agreement, contingent upon

legislative approval for the Task Force to continue meeting and refining the overall plan.

Year	Key Activities	Outcome
Year 1: Planning and Preparation		
Months 1-6	- Form SPD15 Implementation Task Force	- Clear governance structure and oversight responsibilities
	- Create comprehensive project plan with timelines, milestones, and resource allocations	- Detailed roadmap and resource allocation for all phases
Months 7-12	- Conduct audit of existing data collection practices across all departments	- Detailed understanding of current practices and gaps
	- Identify best practices and areas for improvement based on audit findings	- Clear set of best practices and identified gaps to address
Year 2: Initial Rollout and Standardization		
Months 13-24	- Report progress and outcomes to the legislature and stakeholders (annually)	- Transparency and accountability
	- Implement universal data collection template across all departments	- Consistent data collection practices
	- Deploy centralized electronic data collection systems	- Enhanced data collection efficiency and accessibility
	- Conduct training sessions on standardized data collection and SPD15 requirements	- Staff equipped with necessary knowledge and skills
Year 3: Phased Implementation and Transition		
Months 25-36	- Begin phasing out non-compliant data collection practices and systems	- Transition to compliant practices and systems
	- Continue quarterly training sessions and introduce e-learning modules	- Continuous improvement in data literacy and compliance
	-Standardize and phase in one other SDOH value set (Language, SOGI, Mapping, Housing)	-Integrated additional SDOH value set into data practices

Year	Key Activities	Outcome
Year 4: Full Implementation and Compliance		
Months 37-48	- Distribute data dictionary and initiate bi-annual audits	- Maintained data accuracy and compliance
	- Partner with community-based and nonprofit organizations for educational outreach	- Broad community involvement and support
Year 5: Monitoring and Evaluation		
Months 49-60	- Form quality control teams to oversee data integrity	- High standards of data quality and reliability
	- Conduct evaluations and adjust strategies as needed	- Adapted and optimized implementation practices
	- Perform final audits and compliance checks	- Full compliance with SPD15 standards
Ongoing post-implementation		
Ongoing	- Develop and implement sustainability plan to maintain compliance and data quality	- Long-term sustainability of data governance practices

Appendix G: 21st Century Data Governance Survey

Survey QR Code

URL: https://forms.office.com/g/kZHqp7cUpT

The survey is 27 pages long. Please email Dulce Belen at dulce.belen@doh.hawaii.gov to request a PDF version.

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