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# Measuring Indigenous Identities in the Best Starts for Kids Health Survey

2025 Report



# Land Acknowledgment

Public Health - Seattle & King County is located on the unceded, traditional, and contemporary lands of the Coast Salish peoples, including but not limited to the dx<sup>w</sup>dəwʔabš (Duwamish) people and the bəqəlšut (Muckleshoot), spuyaləpabš (Puyallup), sduk<sup>w</sup>albix<sup>w</sup> (Snoqualmie), dx<sup>w</sup>səq<sup>w</sup>əb (Suquamish), and dx<sup>w</sup>lilap (Tulalip) Tribes. Indigenous people have lived on and cared for these lands since time immemorial, and continue to do so today.

We recognize and support the sovereignty of Native nations and their right to self-determination. We respect Indigenous data sovereignty, and are committed to improving our practices through ongoing learning and collaboration. We are deeply grateful to the Tribes of the Coast Salish region, and appreciate the many ways we benefit from Indigenous stewardship and knowledge.

This acknowledgment is just one small step towards addressing the ongoing process of colonialism and uplifting the voices of Native nations and people everywhere. With that in mind, we want to highlight a few calls to action:

- Learn more about the Indigenous people whose land you live on (this [Native Land map](#) can be a good place to start);
- Seek Indigenous perspectives and attend Indigenous-led events;
- Consider how you can use your resources (time, money, land) to support Indigenous people, Tribes, and organizations.
  - Native Governance Center's [Beyond Land Acknowledgement Guide](#) highlights the shortcomings of land acknowledgements and the need to create tangible action plans. This Guide contains many ideas for how to get involved.



# Summary

The Best Starts for Kids Health Survey is conducted every two to three years to learn about the health and well-being of children, youth, and families in King County, Washington. In response to the survey, we heard from community members that we could do a better job reflecting the identities of Indigenous respondents from around the world, which gave rise to this project. Through secondary research and conversations with community members and subject specialists, we learned that more specific race and ethnicity categories are needed to improve representation of Afro-Indigenous people, Pacific Islander groups, and Indigenous people from Mexico, Central, and South America. It may be valuable to collect Tribal affiliation as well, so long as the data can be protected and is reported in collaboration with local Native nations and Indigenous organizations. Improving data quality with and for Indigenous people is a key part of advancing data equity and justice. This work underscores the need to collaborate with Indigenous organizations and Native nations in developing and refining data tools.



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This report was prepared by Anya Kazanjian, a Master of Public Health student in the University of Washington's Community-Oriented Public Health Practice program. This project was completed in partial fulfillment of degree requirements.

My name is Anya Kazanjian, and I am a white settler who grew up on stolen land. I am a queer, cisgender woman of Armenian and Western European descent. These identities shape my experiences, biases, and worldview, which inherently inform my research and writing. If you have thoughts or feedback you would like to share in response to this report, please don't hesitate to reach out: [akazan@uw.edu](mailto:akazan@uw.edu).

We recognize and thank Indigenous experts and leaders in decolonizing data practices and Indigenous data sovereignty.  
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# Introduction & Background

## HOW DID THIS PROJECT ARISE?

Best Starts for Kids is a voter approved levy that supports the health and well-being of children, youth, and families in King County, WA. Every two to three years, the Best Starts for Kids Health Survey is conducted to learn more about the strengths, needs, and experiences of communities across the County. This typically involves a random sample of 5,000+ parents and caregivers plus a community sample of several hundred.

We ask about race and ethnicity in the Best Starts for Kids Health Survey to understand who is participating and to ensure that the survey is as inclusive and representative as possible. This information helps us celebrate community strengths, and identify which communities may not have access to adequate resources that Best Starts for Kids could support.

In response to the survey, we heard from community members that we could do a better job reflecting the identities of Indigenous<sup>i</sup> respondents. King County is home to Indigenous families from around the world, not all of whom are well represented by common race and ethnicity categories, which typically align with federal standards.

Indigenous people are data stewards and have always had rigorous quantitative and qualitative methodologies to collect, analyze, and disseminate information.<sup>1-3</sup> The exclusion and erasure of Indigenous people in data is rooted in colonial research practices that are deeply embedded in Western data systems. Often referred to as data genocide, Indigenous people have been excluded from data collection and systematically erased through racial misclassification, data aggregation, and the collapsing of distinct identities into an “other” category.<sup>2</sup>

Improving data quality with and for Indigenous people involves rethinking race and ethnicity measures to be more representative of Indigenous diversity and small populations.

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i. Throughout this report, we use the term “Indigenous” to broadly refer to the original peoples of a place.

## STRIVING FOR DATA EQUITY AND JUSTICE

“While colonial institutions cannot be decolonized, non-Indigenous organizations and people can work to achieve data equity and justice.”

– Urban Indian Health Institute, Decolonizing Data Toolkit

As a colonial institution, King County is working towards data equity and justice, which involves addressing the harmful practices that exclude and invisibilize Indigenous people in data.

This work is iterative and ongoing. The recommendations within this report are meant to be revisited and revised in collaboration with Indigenous people, organizations, and Native nations.

### PROJECT GOALS

Through this project, we strive to improve how Indigenous identities from around the world are measured and reported in the Best Starts for Kids Health Survey. This involves refining how we ask demographic questions. Our goals are to:

- 1) Develop race and ethnicity measures that more accurately represent Indigenous identities and are feasible in the context of a large, population-based study;
- 2) Improve the survey experience for Indigenous respondents;
- 3) Gather data that we can share in ways that are meaningful, useful, and respectful to respondents and their communities.



# Brief Methods

This project took place from January – November 2025. We started with a literature review to investigate ways to measure Indigenous identities in a population-based survey. We looked for grey and peer-reviewed literature, centering Indigenous authors and organizations. We explicitly sought survey strategies inclusive of people Indigenous to the Americas, the Pacific, and elsewhere.

We used what we learned in the literature review to create a key informant interview guide, which included a mix of questions and survey examples.

King County employees facilitated warm handoffs to community members and subject specialists for semi-structured interviews. This included several of the community members who originally identified the need for this project. Our interviews snowballed as participants referred us to additional contacts. In total, we conducted 15 interviews.

Participants represented a range of expertise and identities. Some participated as part of their professional roles at institutions like the University of Washington, the Washington State Department of Health, and Public Health – Seattle & King County, while others participated in an individual capacity. To maintain anonymity, the broad groups that participants identified with included Afro-Indigenous, Alaska Native, American Indian, Indigenous Ecuadorian, Indigenous from Mexico, Native, Native American, Native Hawaiian, and Pacific Islander.<sup>ii</sup>

We conducted rapid qualitative analysis of interview transcripts to identify key topics and themes discussed.

We synthesized what we learned into this report, which was shared with participants to review and provide feedback if they so desired.



ii. These are the broad groups participants self-identified with. We used these same identifiers to attribute quotes throughout this report.

# Brief Limitations

- The experiences and perspectives shared by participants are not reflective of all Indigenous people or communities. There are many other Indigenous communities not represented in this report. Given the nuance and complexity of identity, this is an important subject to discuss further with community partners and a good opportunity for community-based participatory research in the future.
- The interview transcripts were only analyzed by the primary author. Multiple coders can expand our understanding of qualitative data through different perspectives and interpretations. Collaborating with participants or Indigenous-led organizations to analyze and interpret data could redistribute power and provide valuable insights that would otherwise be missed.
- Analyzing qualitative data typically involves breaking down interview transcripts into codes and themes. This process can lose or decontextualize stories and alter the narratives that participants shared.<sup>4</sup> Alternative methods of participatory analysis may better recognize stories as “real and legitimate sources of data”.<sup>5,6</sup>
- This project would have been strengthened by integrating Indigenous research methodologies. Western research paradigms can unintentionally replicate colonial dynamics. Indigenous research frameworks center relationship, context, and community, which can prompt new questions and other forms of community engagement.<sup>7,8</sup> This approach seems particularly relevant given the focus on identity.



# Insights from Community Discussions & Secondary Research

## WHY RACE AND ETHNICITY CATEGORIES MATTER

Participants described representation as both meaningful and validating.



*“It's really nice to be seen, like, it's really nice.”*

– Indigenous Ecuadorian participant

*“Using the proper language in these surveys, maybe could help people...here is my identity in this survey so yeah – society, King County, the country cares about me and knows that I exist. I’m something, I’m someone.”*

– Afro-Indigenous participant



Every participant emphasized the importance of having inclusive health data that accurately represents Indigenous communities. Participants highlighted that such data is essential for understanding where communities are located, the size of a population, and the state of community health. Many also described the critical role health data plays in community advocacy and securing resources.

## BARRIERS TO ACCURATE REPRESENTATION

One recurring theme was participants’ fatigue and frustration with the racist systems that continue to deny their existence. They described community mistrust in government agencies rooted in historical and contemporary injustices that may lower survey participation rates.

“Over and over we are telling you that we do exist, that we are here, that we are many people, probably not millions, but thousands of thousands of Indigenous people living here in the United States, that we have some unique ways to organize, some unique ways of believing.”

– Indigenous from Mexico participant

“Kill the Native, save the man, like that was a very intentional government policy which created a lot of trauma within our community. And honestly, a lot of mistrust, when it comes to government institutions.”

– Native American participant

Participants described how surveys often do not reflect Indigenous values. Western health metrics are not necessarily indicative of Indigenous health and well-being. Connectedness, for instance, is an important health indicator that should be included in questionnaires.

“Are Tribal people at the table when it comes to developing these questions?...What if these domains don’t necessarily encapsulate all of the things that go into health and well-being for a Native person?”

– Native American participant

Another theme was how problematic it is when surveys only allow respondents to select one race and ethnicity category, especially since so many Indigenous people have mixed identities. When multi-selection is possible, participants said they worry that selecting more than one race will make their Indigenous identity invisible in reporting.

- Literature underscores these concerns, noting that single-race categories frequently exclude Indigenous people from datasets.<sup>9</sup> In the 2020 census, 63% of children classified as American Indian or Alaska Native (AI/AN) were biracial or multi-racial.<sup>10</sup>

“If I check the, you know, Hispanic box am I just gonna be erased in terms of my Native identity?”

– Native American participant

One participant explained how broad race and ethnicity categories create a cycle of erasure that is difficult to disrupt:



Participants who identified as Afro-Indigenous, Indigenous to Mexico, or Indigenous to South America said conventional race and ethnicity measures do not represent them. Their only options are to select a combination of categories – none of which accurately reflect their identity – or choose “other”.

“They put it like ‘I’m Latino’, ‘I’m Spanish’, so when the resources come like any grant money, whatever, they come for those communities but not for the Indigenous communities because they don’t see any group of the Indigenous peoples.”

– Indigenous from Mexico participant

Several participants discussed the importance of sampling methodology to ensure adequate sample sizes. They emphasized the need to build trust in Indigenous communities, conduct intentional outreach, and create opportunities for community partners to engage in the design, distribution, and analysis of surveys.

Indigenous exclusion and data aggregation are often attributed to small sample sizes, when in reality they reflect a failure of priority in outreach and data collection.<sup>11</sup> There is fairly extensive literature on this topic with recommendations such as challenging normative practices like data aggregation, placing greater value on descriptive statistics, and continuing to develop small population methodologies.<sup>3,11,12</sup>

## WHO'S INCLUDED IN THE "AMERICAN INDIAN OR ALASKA NATIVE" CATEGORY?

As mentioned above, participants who identified as Afro-Indigenous, Indigenous to Mexico, and Indigenous to South America said they do not feel well represented in conventional race and ethnicity categories, including AI/AN. One participant said they sometimes select AI/AN but are not sure if they should, so they often choose "other" instead. Another participant said it would feel disingenuous to select AI/AN.



*"It's mostly Alaska Native part...would I skew the data if I check it off?"*

– Indigenous Ecuadorian participant

*"As someone who analyzes data, I like clear definitions, so I think sometimes we get confused about, like, okay is this person saying they're American Indian Alaska Native and Latino because they're Indigenous to Mexico?...Sometimes we don't clarify what American Indian Alaska Native actually means and so it can, in turn, become Indigenous, like the term for Indigenous."*

– Native American participant



To improve representation for these groups, most participants suggested adding more Indigenous categories (discussed further in "Rethinking Race and Ethnicity Categories"). One participant said another alternative is to use parentheses to specify that AI/AN includes people Indigenous to Mexico, Central, and South America.

If additional Indigenous categories are added, participants stressed the importance of distinguishing them from AI/AN, noting that AI/AN is also a legal and political identity affiliated with Treaty Rights and sovereign Native nations.

While participants' perceptions of the AI/AN category varied, the Office of Management and Budget defines AI/AN as inclusive of people Indigenous to North, Central, and South America.<sup>13</sup> The Urban Indian Health Institute underscores the need to define AI/AN as alone or in combination with another race,<sup>14</sup> which participants considered important for representation.

- The Office of Management and Budget's definition: "Individuals with origins in any of the original peoples of North, Central, and South America".<sup>13</sup>
- The Urban Indian Health Institute's definition: "AI/AN should always be defined as AI/AN alone; and, if the AI/AN individual identifies as another race, include the individuals who are AI/AN in any combination with any other race and include those who identify as Latinx/Hispanic".<sup>14</sup>

Differences in how AI/AN is defined versus perceived may be a more widespread phenomenon, as indicated by a notice released by the Office of Management and Budget in 2024. The notice listed future research topics, one of which was "how to better align the AIAN category title with its definition while preserving data quality, for example by exploring the use of a more inclusive title such as 'Indigenous peoples of the Americas'".<sup>15</sup>

## LANGUAGE AND IDENTITY

Participants described how Indigenous languages are an important connection to nature, culture, and identity.

Many shared that they speak an Indigenous language or are actively learning one. Participants expressed excitement about language reclamation and revitalization efforts, and several mentioned how meaningful it is to see public signs in a local Indigenous language.

One participant suggested integrating language revitalization in spoken language questions, saying it does not need to be exclusive to fluently spoken languages. They proposed a question like: "What language(s) are you comfortable speaking? Include languages you are actively reclaiming in your household".

- Recognizing only "fluent" speakers is closely connected to the idea of "authentic" Indigeneity and prevents recognition of code-mixing and new ways of speaking. This restriction of what counts as legitimate language use perpetuates the notion that Indigenous languages are dying, which is deeply rooted in colonial logic that seeks to erase contemporary Indigenous people.<sup>16,17</sup>

Multiple participants said survey categories should reflect the ways groups refer to themselves. For example, participants recommended including Kānaka Maoli alongside Native Hawaiian, and writing “Indigenous to Mexico or Latin America” in Spanish as well as English.

Several participants recommended expanding the spoken language list in the Best Starts for Kids Health Survey. One participant suggested having a more extensive list in a drop-down menu, and to at least add Marshallese due to higher language access needs.

“Sometimes when they say ‘other language,’ the people sometimes they don't want to write in. And I ask why, and they say ‘Oh, because I don't feel better to put it, because I think the person reading that document they don't know about this language. They don't care about this language.’ But it's different if you put the languages, then the people say, ‘Oh I'm happy I see my language here.’”

– Indigenous from Mexico participant

## RECOGNIZING TRIBAL SOVEREIGNTY AND COLLECTING TRIBAL AFFILIATION

In “Decolonizing Data”, Autumn Asher Blackdeer describes how AI/AN data glosses over the unique characteristics of Tribal nations, leading to overgeneralizations. Tribe-specific data, on the other hand, is not nationally generalizable. This “representation paradox” has been weaponized as yet another reason for exclusion, when in fact it highlights that Indigenous people are not a monolith, and all data has generalizability limitations.<sup>12</sup>

When it comes to best practices for data collection, the Urban Indian Health Institute recommends collecting Tribal affiliation. For electronic methods, it is best to include a list of all state and federally recognized Tribes with a write-in option for other Tribal affiliations. Releasing data on Tribal affiliation should be done with caution and in collaboration with local Native nations and organizations.<sup>14</sup>

Several participants shared how rare and validating it is to be able to include their Tribal affiliation on a survey. Participants stressed the importance of following the guidance of the Urban Indian Health Institute, respecting Indigenous data

sovereignty, and working with Indigenous people and organizations to collect, analyze, and report data. One participant suggested that King County develop a data sharing agreement or memorandum of understanding with the Urban Indian Health Institute.

A number of participants questioned the benefit of knowing Tribal affiliation for Best Starts for Kids, and asked whether it would actually inform the services offered.

“I do appreciate being able to put what specific Tribe, but also it kind of depends on...what you're doing with the information, if that's going to make a difference in the outcomes or anything.”

– Alaska Native participant

One participant informed us that the Washington State Department of Health does not currently collect Tribal affiliation because they are not able to protect the data from public records requests. They said if the same is true for King County, it might be best not to collect such information. The American Indian Health Commission is actively pursuing legislation that would protect data on AI/AN people and Native nations from public disclosure in the future.

“During Covid, news outlets would do public records requests to the Department of Health to get information about vaccine clinics that Tribes were holding...legally, we had to share that information even though the Tribe did not want that information shared, so I just think that trust that we are trying so hard to build up is so important...but on the other hand it's like we want to share with you guys the most relevant data.”

– Native American participant reflecting on the risks and benefits of collecting Tribal affiliation

Regardless of whether Tribal affiliation is collected, data about Indigenous people should still respect the guidelines of Indigenous data sovereignty like the CARE principles: Collective Benefit, Authority to Control, Responsibility, and Ethics.<sup>18,19</sup>

One participant proposed asking about Indigenous identities separate from race and ethnicity to recognize the political and legal designation of AI/AN people within the U.S.

- Tribal Critical Race Theory asserts that “American Indians are both legal/political and racialized beings”, but that these “multiple statuses” are rarely acknowledged in society.<sup>5</sup> Race and ethnicity measures developed for broad categories do not capture the nuanced strengths and challenges Indigenous people face, nor do they legitimize the sovereignty of Native nations.<sup>18</sup> While the U.S. census only includes AI/AN as a racial category, Canada and Australia – two countries with a shared history of settler colonialism – have separate census questions to inquire about Indigenous identities.<sup>9</sup>

## RETHINKING RACE AND ETHNICITY CATEGORIES

The following is in response to questions from the Best Starts for Kids Health Survey about race, ethnicity, racism, and language (see Appendix A).

Generally, participants felt it would be valuable to gain a more detailed understanding of Indigenous communities in King County. One person pointed out that we will not know what groups are here until we ask, while another questioned whether detailed representation is achievable with a survey of only 5,000 people.

“Being able to see like, what does Indigeneity look like in King County would be really interesting...I haven’t seen a good resource out there on that.”

– Native American participant



Multiple participants said they would feel better represented if “Afro-Indigenous” and “Indigenous to Mexico or Latin America” were added. Some said those categories were still too broad, and that more specific identities like Purépecha or a write-in option following such categories would help.

Participants said they would like to see more detailed Pacific Islander groups. As one participant pointed out, Washington State has the third largest population of Native Hawaiians and Pacific Islanders (NH/PI) in the US, so at least the largest groups in Washington should be added.

“There’s a tendency to...flatten NH/PI groups into one thing because they are perceived as too small to count, and I think that creates so many problems in how communities can actually show what’s happening.”

– Pacific Islander participant

Participants noted that Indigenous people from Latin America and Pacific Islander groups have mixed immigration statuses, which can lead to unique challenges when it comes to accessing resources and healthcare. This was emphasized as yet another reason to gather data specific to these communities.

Two participants suggested using branch logic, so when survey respondents select a category there is a drop down available with more specific options.

While most participants expressed the desire for more detailed categories, several shared that it can feel exclusionary and hierarchical when some specific groups are included but others are not. Why include Sāmoan, for instance, but not CHamoru/Chamorro? A few questioned whether, in such instances, it is better to just use broad categories instead.



# Recommendations

## THE BEST STARTS FOR KIDS HEALTH SURVEY

The following recommendations are based on information from community members, experts, and secondary research. These recommendations are intended to be revisited and revised; they should not be static. Improving data tools is an iterative process that should occur in collaboration with Indigenous people, organizations, and Native nations.

See Appendix A for questions from the Best Starts for Kids Health Survey about race, ethnicity, racism, and language.

### CONTINUE TO INCLUDE:

- Self-identification of race/ethnicity.
- The option to select multiple race/ethnicity categories.
- The write-in options after the race/ethnicity categories and the spoken language list.
- Survey questions on community relationships and connectedness.
  - These questions were created in collaboration with Indigenous organizations and community members.

### CHANGES TO CONSIDER:

- Update survey introduction or add a brief explanation at the top of the demographic section to describe why this information is important and how it will be protected, used, and shared back with communities.
  - Multiple participants emphasized the importance of making such information clear and transparent, especially in our current political environment where personal information is being weaponized against individuals and their communities.
- Integrate cultural discrimination or a lack of respect for cultural practices into the discrimination question to ensure these experiences are captured.
- Separate “American Indian or Alaska Native” into two categories.

- Add a note that race and ethnicity will be reported alone or in combination.
  - Some participants expressed concerns about multi-selection: *“If I check the, you know, Hispanic box am I just gonna be erased in terms of my Native identity?”* – Native American participant
- Collect Tribal affiliation in accordance with the Urban Indian Health Institute's guidelines. If Tribal affiliation data cannot be protected from public records requests or will not be reported in collaboration with local Native nations and Indigenous organizations, do not collect Tribal affiliation. Further consultation with Indigenous experts is needed.
  - As noted by the Urban Indian Health Institute, Data Use Agreements protect both government agencies and Tribes.<sup>14</sup> This could be a promising option.
- If feasible, add the categories listed below. Depending on the data tool and methodology, these categories could be followed with a write-in option or a drop down with more specificity. If it is not feasible to add these categories, use parentheses after “American Indian or Alaska Native” to indicate inclusion of these groups.
  - “Afro-Indigenous or Black Indigenous”
  - “First Nations, Inuit, or Métis”
  - “Indigenous to Mexico or Latin America (e.g. Mayan, Mixteco, Quechua, etc.)” or “Indigenous to Mexico, Central, or South America (e.g. Mayan, Mixteco, Quechua, etc.)”
- Include additional specific Pacific Islander groups. If not all groups can be added, include groups with the largest populations in Washington State. According to the 2020 Census, the three largest NH/PI groups in King County were Sāmoan, Native Hawaiian, and CHamoru/Chamorro.<sup>20</sup>
  - See this [NH/PI Community Data Report](#) for more information on NH/PI communities in Washington State.



- Group “American Indian or Alaska Native” with other Indigenous groups (such as those listed above) or consider alphabetizing the list of race/ethnicity categories.<sup>21,22</sup>
  - Multiple participants said the grouping was not intuitive.
- Investigate adding culturally specific identities like Two-Spirit, Fa'afafine, and Queer and trans Pacific Islanders (QTPI).
  - Multiple participants noted the need for more inclusive gender categories.
- When possible, reflect the language communities use to refer to themselves. For example, include Kānaka Maoli alongside Native Hawaiian, and write “Indigenous to Mexico or Latin America” in Spanish as well as English.
- Depending on the goals of the question, consider expanding the spoken language list and recognizing language revitalization efforts. For example: “What language(s) do you speak? Include languages you are actively reclaiming in your household”.
  - One participant suggested adding Pasifika languages, especially Marshallese, due to higher language access needs. Another said to include some Indigenous languages from Latin America like Mixtec and K'iche'/Quiché.
- If the spoken language question is meant to be inclusive of multiple languages, add “select all that apply” to the end. Consider de-prioritizing English to keep the list alphabetical.
- Change the spelling of Samoan to Sāmoan.

## THE BEST STARTS FOR KIDS DATA DASHBOARD

The following recommendations are based on feedback from community members and experts regarding the “Demographics” tab of the [Best Starts for Kids Health Survey dashboard](#).

### CONTINUE TO:

- Aggregate multiple years of data.
- Disaggregate race/ethnicity data.
  - *“I love the disaggregation...that’s a very big deal.”* - Native American participant

- Disaggregate NH/PI.
- Take a strengths-based approach to reporting.
- Report AI/AN and NH/PI alone or in combination.
- List race/ethnicity groups in alphabetical order.

### CHANGES TO CONSIDER:

- Include a definition of what “excellent or very good health” means and what health indicators were employed so users can assess how the metrics align with their cultural understanding of good health.
- Disaggregate American Indian and Alaska Native when possible and if security is ensured.
  - See the New York State Department of Health’s report “Responding to Race/Ethnicity Questions & American Indian/Alaska Native Identity” for more detailed guidance on disaggregating the AI/AN category.<sup>23</sup>
- Add a forward slash to the abbreviation of Native Hawaiians and Pacific Islanders to recognize that Native Hawaiians have a political Trust relationship with the U.S. (NH/PI as opposed to NHPI).<sup>24</sup>
- Add more information on how the “child’s detailed race/ethnicity” section is disaggregated. Participants were unclear about the definition of “multiple race”, whether AI/AN and NH/PI were still reported alone or in combination, and whether children were double-counted in the “multiple race” category.
- Several participants said “Hispanic” should not be used interchangeably with “Latinx” as it is associated with people from Spain. It might be helpful to define “Hispanic” or include “Latinx” in the category title.

## DATA SHARING PRACTICES

Community members and experts shared the following ideas for how the Best Starts for Kids Health Survey data can be shared back with communities.

- To make the data more accessible and easier to interpret, consider creating one pagers, fact sheets, infographics, a slide deck, or community specific pages. If feasible, integrate community photos and engaging visuals.
  - *“I do think that those specific snapshots folks would love to see....there’s so much fracturing across early childhood data.”* – Native American participant

- Intentionally share back with Indigenous communities, organizations, and Native nations, especially those involved in outreach. Participants noted that this sort of data often does not reach communities, but that it would be useful in decision making.
  - *“If I got that in my inbox, I'd be like, oh wow!”* – Native American participant
- Use social media to share data, highlight community strengths, and reach younger generations.
- Share the story of the data. This could involve using descriptive statistics for small sample sizes.
  - *“What’s that story of success?...What’s the story that data point is telling us?”* – Native American participant



# Broader Considerations for Data Equity & Justice

Please see the Urban Indian Health Institute's guides on [Decolonizing Data](#) and [Best Practices for American Indian and Alaska Native Data Collection](#) for a more complete list of important actions to take.

- Pursue genuine collaboration with Indigenous people, organizations, and local Native nations for the development and improvement of data tools. Consider establishing a memorandum of understanding, data sharing agreement, or data use agreement with Native nations or the Urban Indian Health Institute (if appropriate).
  - The Urban Indian Health Institute notes that Data Use Agreements protect both government agencies and Native nations when it comes to releasing Tribal specific data.<sup>14</sup>
- Increase participation in and engagement with Indigenous advisory councils or other such groups at King County. This could help facilitate genuine and meaningful collaboration with Indigenous communities.
- Prioritize outreach to Indigenous communities to ensure adequate sample sizes. Acknowledge harmful data practices, work to build trust, and communicate transparently. Use weighted sampling methods.<sup>3,14</sup>
- Seek out Indigenous tools and frameworks that recognize the legal, political, and racial identities of Indigenous people living in the U.S.<sup>5,18</sup>
- Consider collaborating with the Washington State Department of Health and community partners to develop a more consistent method of collecting race and ethnicity information – a potential “gold standard” that could be used across data collection processes.
- Pursue opportunities to recognize local Indigenous languages, original place names, and language revitalization and reclamation efforts.
- Continue conducting mixed-methods research that includes storytelling. Qualitative data can help supplement quantitative data on small populations.<sup>14</sup>
- Keep the current sociopolitical context in mind. Be aware of survey length and the potential vulnerability of questions asked.
  - *“Folks are very rightfully worried about the types of information that they share...What is it that we need to know?”* – Native American participant

# Appendix A

## BEST STARTS FOR KIDS HEALTH SURVEY QUESTIONS ABOUT RACE, ETHNICITY, RACISM, & LANGUAGE

1. IN THE LAST 12 MONTHS, how often have you experienced discrimination because of your race, ethnicity, or color, such as being prevented from doing something, hassled, or made to feel inferior in any situation?

1. Never (I did not experience this)
2. Once
3. 2 to 3 times
4. 4 or more times

2. Which categories describe you? Select ALL that apply.

*If none of these categories describes you, please write in the category in the “Another race” option below.*

1. American Indian or Alaska Native
2. Asian Indian
3. Chinese
4. Filipino
5. Japanese
6. Korean
7. Vietnamese
8. Another Asian group (specify) \_\_\_\_\_
  
9. Black or African American
10. Somali
11. Ethiopian
12. Another African ancestral group (specify) \_\_\_\_\_
  
13. Mexican, Mexican American, Chicano
14. Cuban or Puerto Rican
15. Another Latinx/o/a group (specify) \_\_\_\_\_
  
16. Middle Eastern or North African

- 
17. Native Hawaiian
  18. Samoan
  19. Another Native Hawaiian or Pacific Islander group (specify) \_\_\_\_\_
  20. White
  21. Another race, ancestry, or ethnic origin (specify) \_\_\_\_\_

3. What language do you speak most often at home?

1. English
2. Amharic
3. Arabic
4. Chinese
5. Hindi
6. Japanese
7. Korean
8. Portuguese
9. Punjabi
10. Russian
11. Somali
12. Spanish
13. Tamil
14. Telugu
15. Tigrinya
16. Vietnamese
17. Another language (please specify) \_\_\_\_\_

# Appendix B

## ADDITIONAL FEEDBACK FROM PARTICIPANTS

Participants gave a wide range of feedback, not all of which was relevant to our project focus on race/ethnicity data collection, but their ideas could be valuable for other considerations. Unless otherwise noted, there was not wide consensus on these suggestions since most conversations did not touch on these topics.

### ADDITIONAL FEEDBACK ON THE BEST STARTS FOR KIDS HEALTH SURVEY:

- Collect data on sexual orientation for youth.
- The “Asian Indian” category could be clarified with a few example countries in parentheses.
- Several respondents said the number of race/ethnicity options felt overwhelming. To the extent possible, use formatting, clear directions, and plain language to make sure the survey is navigable.
- Add Cambodian to the race/ethnicity categories and Khmer to the spoken language list. There is a fairly large Cambodian population in King County.
- The spoken language list should be congruent with King County’s language tiers to reflect the most commonly spoken languages in the County.
- Ukrainian should be added to the spoken language list, especially if Russian is included.
- Should “Asian American” be included?

### ADDITIONAL FEEDBACK ON THE BEST STARTS FOR KIDS DATA DASHBOARD:

- It might be nice to change colors for different groups (Latinx versus NH/PI for example).
- Yellows and oranges typically indicate cause for concern, so they are not intuitive choices for “age” and “gender”.
- Are non-school-aged children included in the breakdown of school districts? Or are just school-aged children counted?
- If AI/AN and NH/PI are reported alone or in combination, it seems the other categories should be too.

# Appendix C

## RACE/ETHNICITY QUESTIONS FROM OTHER SURVEYS

### EXAMPLE FROM A COMMUNITY ORGANIZATION

What is your Tribal, ethnic, or racial background? You can list more than one race/ethnicity.

- Native American, Tribal affiliation(s): \_\_\_\_\_
- Alaska Native, Tribal affiliation(s): \_\_\_\_\_
- Pacific Islander, specifically: \_\_\_\_\_ (e.g., Chamurro, Samoan, etc.)
- Native Hawaiian
- First Nations, Inuit, or Métis, Tribal affiliation(s): \_\_\_\_\_
- Indigenous to Mexico/Central America, specifically: \_\_\_\_\_ (e.g., Mayan, Mixtec, Kuna, etc.)
- Asian/Asian American
- Black/African American
- Hispanic/Latino/a/x
- White/Euro American
- Middle Eastern/North African
- Another Native, ethnic or racial group:

EXAMPLE FROM THE NEW YORK STATE DEPARTMENT OF HEALTH<sup>23</sup>

**Scenario 1: Example of disaggregated race/ethnicity question.**

Respondent identifies as White and American Indian/Alaska Native (Sioux)

**What is your race or ethnicity  
(check all that apply)?**

- White
- Hispanic, Latino, or Spanish
- Black
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- Asian
- American Indian, Native, First Nations,  
Indigenous Peoples of the Americans,  
or Alaska Native
- Some other Race or ethnicity:  
\_\_\_\_\_
- Don't know
- Prefer not to answer

**Since "White" was selected as your race or  
ethnicity, which group best represents your  
ethnicity or ancestry (check all that apply)?**

- English
- French
- German
- Greek
- Hungarian
- Irish
- Polish
- Russian
- Ukrainian
- Another option:  
\_\_\_\_\_
- Don't know
- Prefer not to answer

**Since "American Indian or Alaska Native" was selected  
as your race or ethnicity, which group best represents  
your ethnicity or ancestry (check all that apply)?**

- Blackfeet
- Cherokee
- Choctaw
- Iroquois or Haudenosaunee
- Sioux
- Central American Indian
- Mexican American Indian
- Southern American Indian
- Another option:  
\_\_\_\_\_
- Don't know
- Prefer not to answer

**Scenario 2: Write-in only option; respondent does not want to identify with a group more specific than American Indian/Alaska Native.**

**What race or ethnicity best describes you?**

*Native American* \_\_\_\_\_

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# Thank you!

