

Unpacking Broad Racial Labels: The Disaggregation of Data on Race and Ethnicity

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Abstract

Racial groups and identities are meaningful to individuals and organizations. However, broad labels may conceal diversity and disparities within a racial group. Data disaggregation, an approach that analyzes racial data at a more granular level, enables policymakers and practitioners to identify and address areas where challenges faced by certain groups may otherwise be obscured. The first section of the paper discusses how group labels conceal the educational and health disparities faced by Asian Americans and Middle Eastern and North African (MENA) Americans. The diverse Asian ethnic groups face different disparities, such as uneven rates of college graduation and cancer prognosis, that are hidden by the overly broad Asian American label and the associated model minority stereotype. For MENA Americans, their experiences and disparities are unrecognized when officially classified under the White category. The second section offers policy-relevant recommendations and cautions regarding the collection, analysis, interpretation, and protection of disaggregated data.

Keywords

race, Asian Americans, MENA Americans, disaggregation, health disparities, education disparities

Social Media

Overly broad racial labels erase the diversity of Asian and MENA Americans. Disaggregating racial data can uncover educational and health disparities that impact members of these groups, providing useful information for interventions.

Key Points

- Vital information regarding hate crime, education, and healthcare is incomplete and inaccurate when people are not properly counted or recognized.
- The broad Asian American label obscures potential health and educational disparities across its diverse ethnic communities, such as Indian and Cambodian Americans.
- Middle Eastern and North African (MENA) Americans are officially classified as White on the US census, making it difficult to track hate crime statistics. This classification also erases their distinct identities and conceals health and educational disparities.
- Practitioners and policymakers should consider improving how they collect and analyze racial data by including MENA Americans and Asian ethnic groups on official surveys like the census survey and other demographic forms.
- Involving community partners can improve standards in interpreting data on race and ethnicity to avoid potential biases.

Since the inception of the United States (U.S.) census in 1790, race has always been recorded to inform policies and distribute resources (Nobles, 2000). The first Census counted only three racial groups: Whites, all other free persons, and slaves. The latest 2020 Census had five minimum racial categories (and a “Some other race” option) as required by the Office of Management and Budget (OMB): White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander; Hispanic or Latino is separately considered an ethnicity. For the categories of Asian and Native Hawaiian or Other Pacific Islander in the 2020 Census, ethnicity options (e.g., Chinese, Samoan) were provided rather than broad, catch-all labels (e.g., Asian, Pacific Islander). For the proposed 2030 Census, OMB introduced “Middle Eastern and North African” (MENA) and “Hispanic or Latino” as new racial categories (Awad et al., 2025); previously, any person with MENA heritage had to select “White” on census surveys. The shifts in racial groupings across time in the U.S. reflect the social construction of race informed by our political systems and beliefs (Nobles, 2000; Richeson et al., 2025).

Grouping people by race is not restricted to the census; many public and private organizations frequently collect

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data on race. Beyond record-keeping by the government, employers, or other stakeholders, racial groupings are also meaningful to individuals, who use them to sort a diverse world into simpler units in their minds (Allport, 1954). People apply racial labels to themselves, which becomes a part of their identity, helping them ascribe meaning to their sense of self and life experiences (Sellers et al., 1998; Yip, 2018).

Race also carries painful histories, as reflected in the enumeration of enslaved people in the original census and the legacy of chattel slavery in shaping modern psychology (Trawalter et al., 2022). Racial disparities continue to persist in almost every sector of American society, and this paper elaborates on the disparities faced by Asian and MENA Americans. Although Asian Americans are stereotyped to be intelligent and hardworking, they are underrepresented in managerial positions (Lu, 2024). On average, Asian Americans have a high rate of college graduation, yet educational gaps within ethnic groups are concealed by the broad Asian American label. Asian ethnic groups, such as Laotian and Cambodian Americans, have a lower college graduation rate than the national average (Gebeloff et al., 2021). Diabetes and cancer prognosis also differ greatly among the diverse ethnic groups (Rastogi et al., 2025; Vicks et al., 2022). Likewise, MENA Americans show a disproportionate rate of cardiovascular diseases and other health issues, but these data are not properly tracked by most hospital systems, as MENA data are either ignored or hidden within the White label (Awad et al., 2022). Without official designation, hate crime statistics cannot be tracked for MENA Americans who face high rates of discrimination (Awad et al., 2025). Although racial group labels are useful for documenting disparities and inequities *between* groups (such as between White and Asian Americans), they fail to identify disparities *within* groups (such as between Cambodian and Chinese Americans). Unpacking these broad racial labels provides policymakers, administrators, and practitioners with higher-quality data that document Asian and MENA Americans' existence and experience, ultimately enabling them to help their constituents, members, and patients.

This paper discusses the need for data disaggregation, a practice that examines data at a more granular level than broad labels (Lee et al., 2018; Tran, 2024). First, we elaborate on how racial labels can obscure important differences among Asian and MENA Americans and how disaggregation research has contributed policy-relevant insights. Then, we offer recommendations and cautions on disaggregating racial data.

Part I: How Broad Racial Labels Conceal Disparities

This section examines how overly broad racial labels obscure the diverse experiences of Asian and MENA Americans.

We argue that broad racial classifications mask health and educational disparities by ignoring ethnicity in the case of Asian Americans and being merged with White people in the case of MENA Americans.

The Case of Asian Americans

Racial groups conceal the diversity of Asian Americans by overlooking their diverse ethnic groups. Although race and ethnicity are often used interchangeably, race is typically used to distinguish groups according to physical characteristics, while ethnicity distinguishes groups according to shared cultural heritage (Richeson et al., 2025). Ethnicity is typically subsumed under the broader racial label. Consisting of over 24 million people (7% of the U.S. population), there are over 20 Asian American ethnic groups (Im, 2025). The six biggest Asian ethnicities in the U.S. are: Indian, Chinese, Korean, Japanese, Filipino, and Vietnamese. Despite such ethnic diversity, demographic polls used by many organizations tend to employ a broad "Asian American" label when asking people to self-identify. Furthermore, the label Asian American is commonly applied to a narrow subset of ethnic groups in public discourse. Despite Indian Americans being the largest Asian ethnic group in the U.S. (Tran, 2024), people often mistakenly assume that Asian Americans only refer to East Asian Americans (such as Chinese, Korean, and Japanese Americans) (Goh & McCue, 2021; Lee & Ramakrishnan, 2020). The narrow view of Asian Americans is compounded by the "model minority" stereotype of Asians as exceptionally intelligent and academically successful, especially in contrast to Black Americans (Poon, 2024; Richeson et al., 2025).

Because people perceive Asian Americans as East Asians and a model minority, South Asian Americans (e.g., of Indian, Bangladeshi, and Pakistani origin) and Southeast Asian Americans (e.g., of Filipino, Cambodian, and Vietnamese origin) are overlooked in medical and behavioral science research (Rastogi et al., 2025; Vinluan & Remedios, 2024). Asian Americans are stereotyped as models of health and longevity, contributing to the underfunding of Asian American health research (Đoàn et al., 2019; Kim et al., 2021). Asian Americans are less likely to receive cancer screenings than any other race, despite cancer being the leading cause of death for this group (Ibaraki et al., 2014). There are also ethnic group differences in health risk factors. Chinese Americans have a lower risk of a cancer diagnosis than other Asian ethnic groups, while Filipino Americans are particularly at high risk and show a high mortality rate for prostate and breast cancer (McCracken et al., 2007). South Asian Americans face a higher risk of cardiovascular diseases than other Asian ethnic groups (Rastogi et al., 2025). Irrespective of weight, Asian Americans have a higher prevalence of diabetes than White Americans, and within that broad group, Filipino and South Asians show a higher prevalence of diabetes than Chinese Americans

(Vicks et al., 2022); foreign-born Asian immigrants also show a greater risk of undiagnosed diabetes (Hsueh et al., 2020). Armed with knowledge about these health disparities, policymakers can call for organizations like the U.S. Preventive Services Task Force and medical professional associations to recommend routine and earlier cancer screenings, cardiovascular assessments, and diabetes counseling, particularly among vulnerable Asian ethnic groups. These documented health disparities further underscore the need for increased funding mechanisms (from both federal agencies and private foundations) on Asian American health research that prioritizes disaggregation of racial group membership by national origin (Kauh et al., 2021).

The model minority stereotype also overlooks educational disparities among Asian Americans. Relative to White students and other Asian Americans, Southeast Asian Americans from refugee backgrounds (such as Vietnamese, Cambodian, Laotian, and Hmong Americans) have a higher high school dropout rate and demonstrate less college readiness (Her, 2014; Ngo & Lee, 2007). Even among Chinese Americans, who are seen as the most prototypical Asian Americans, the model minority stereotype conceals the largest income gap of any racial group in the U.S. (Wong, 2021). East Asian Americans are also less likely to be promoted at work than South Asian Americans (Lu et al., 2020). Many Asian Americans simply do not fit the prevailing model minority myth. Thus, workshops and mentorship programs related to college readiness, financial aid, and workplace promotion are essential to support diverse Asian ethnic groups.

In sum, the Asian American label conceals substantial ethnic diversity. The term Asian American is narrowly associated with East Asian subgroups – primarily Chinese, Japanese, and Korean Americans—and tied to stereotypes of them as high-achieving and healthy. As a result, the distinct needs and challenges of many Asian Americans are ignored and excluded. Moreover, data on Asian American ethnic subgroups are infrequently collected, merged across groups, and even misclassified (Lee et al., 2018; Lu, 2024; Rastogi et al., 2025). Without proper data collection and disaggregation, researchers, policymakers, and practitioners risk reinforcing the model minority myth and neglecting critical information that shapes the educational and health outcomes of the fastest-growing racial minority.

The Case of MENA Americans

MENA Americans' heritage spans a wide region of the Middle East and North Africa, with the largest ethnic groups being Lebanese, Iranian, and Egyptian (Marks et al., 2023). While Arab Americans have an ethnic and linguistic identity, primarily tied to speaking Arabic, the label MENA is broader and encompasses people who originate from both Arab (e.g., Iraq) and non-Arab nations (e.g., Iran) (Awad et al., 2025). Thus, all Arab Americans are considered MENA Americans, but not all MENA Americans are

Arab. Additionally, not all MENA and Arab Americans are Muslim despite common conflation (d'Urso, 2024; Naber, 2000). MENA Americans (whether Arab or non-Arab) may be Muslim, Christian, Jewish, or Druze. Muslim refers to the followers of Islam, a faith practiced by people from various ethnicities globally, and the majority of Muslims in the U.S. are Black or South Asian Americans (Awad et al., 2025; d'Urso, 2024).

For MENA Americans, their racial identity is erased by being classified as White in the U.S. census, a designation that has endured since 1977 (Maghbouleh, 2025; Tiv et al., 2025). MENA migration to the U.S., primarily Arab Christians from Greater Syria, largely began in the late nineteenth century. Supreme Court cases brought forth by MENA individuals advocated for their inclusion as White to gain privileges such as citizenship and land ownership, explaining why MENA Americans are classified as White by the OMB (Cainkar, 2018; Naber, 2000). However, subsequent migrations by later waves of Lebanese, Palestinians, Egyptians, and others after 1948 and 1965 looked much different than their predecessors (Awad et al., 2025). Decades of advocacy led to the OMB's recognition of a distinct MENA category in the 2030 Census to better document the needs and challenges faced by 3.5 million MENA Americans (Marks et al., 2023).

Although MENA Americans are legally classified as White, they are not perceived by many Americans as White (Chaney et al., 2021) and often report experiences consistent with other racial minorities (Awad et al., 2022). MENA Americans, especially Arab Americans, are simultaneously invisible through legal erasure and hyper-visible through stereotypical portrayals as dangerous terrorists (Murrar et al., 2025; Naber, 2000). MENA Americans are also perceived as anti-American and foreigners who cannot assimilate into the U.S. culture (Awad et al., 2025; Zou & Cheryan, 2017). As such, MENA Americans frequently experience identity invalidation or denial, whereby individuals' self-understanding and group membership are dismissed (e.g., d'Urso, 2025; Flores & Huo, 2012; Hakim & Branscombe, 2023). Policymakers must explicitly recognize MENA Americans as a distinct racial category from White people. An official designation provides MENA Americans with civil rights protections, such as reporting and documentation of hate crimes and Title IV violations (Awad et al., 2025). To encourage reporting among MENA Americans, community outreach efforts can be designed in partnership with local MENA advocacy organizations.

The erasure of MENA Americans is especially consequential in the healthcare and education contexts. MENA Americans are disproportionately at risk of cardiovascular disease, metabolic disorders, and low birth weights, compared to non-Hispanic White people (Awad et al., 2022). However, healthcare systems themselves often do not accurately track or address the vulnerabilities that their MENA patients face (Murrar et al., 2024). Armed with disaggregated data, hospitals

and clinics can proactively design prevention programs and culturally tailored interventions that target the specific health needs of the MENA population. Medical schools can also introduce discussions on MENA backgrounds to prepare future generations of clinicians to better serve their patients (Sarsour & Hammoud, 2021).

Although MENA Americans report a high rate of college education (Maghbouleh et al., 2022; Tiv et al., 2025), it is unclear whether their academic performance and experiences mirror or differ from White students given that such data are largely unavailable. However, the little research that exists in this domain offers a glimpse into MENA students' lives. Students from racially marginalized groups regularly face barriers to academic success due to discrimination from peers and teachers (Benner & Graham, 2013). MENA students are no exception, as they confront biases from both peers and educators that negatively impact their educational outcomes (Modir & Kia-Keating, 2018; Tabbah, 2016). MENA students' experiences of discrimination are associated with depression and anxiety, yet they do not readily seek out mental health services (Abuelezam et al., 2022, 2024). MENA students also do not see their own identities and backgrounds accurately represented in their school curriculum, further contributing to their erasure and invisibility (Tabbah, 2016). To address these educational disparities, schools might consider providing culturally sensitive mental health services and forming multicultural centers on university campuses to foster a sense of belonging (Al-Krenawi & Graham, 2000; Kirby et al., 2020). Furthermore, integrating the study of MENA Americans into school curricula (through literature and history, for example) can expand the broader school communities' cultural knowledge (Najib et al., 2025).

The longstanding classification of MENA Americans as White fails to capture their lived experiences, and institutional practices render MENA populations invisible. Recognizing MENA as a distinct racial group facilitates proper data collection by organizations and institutions that can help generate policies to optimize MENA patients' treatment experience, create equitable educational opportunities, and offer civil rights protections from discrimination.

Summary

Broad racial labels could potentially conceal the diversity and disparities among Asian and MENA Americans. We limited our review to these two groups, but other racial groups also face similar dilemmas. For instance, Hispanic/Latino Americans are currently classified as an ethnicity and they would have to pick a different racial group (such as White or Black) on the census and other demographic forms; however, many Hispanic/Latino Americans see themselves as a distinct racial group that is erased by the need to pick a label that they do not identify with (Hitlin et al., 2007). Although racial labels are important and meaningful, they nonetheless conceal the diversity of the

American public. Importantly, we are not advocating for the removal or abandonment of racial group labels. Rather, we advocate for data disaggregation to understand the nuances of these diverse experiences and uncover hidden disparities.

Part 2: Recommendations and Cautions

When disaggregation is absent, organizations and institutions cannot effectively capture vital information about the people they serve or manage. We offer four policy-relevant recommendations and cautions regarding the collection, analysis, interpretation, and protection of disaggregated data.

Policy Focus 1: Data Collection

To facilitate data disaggregation, we recommend data collection procedures that allow for disaggregation. Researchers, institutions, and organizations regularly collect demographic data of their participants, constituents, patients, and employees. Most forms rely on the five minimum racial groups set by the current OMB requirement but likely omit Asian ethnicities and MENA Americans. Such practices erase meaningful information and reduce response rates. Our most practical suggestion is to provide options that allow people to self-identify their racial and ethnic identity. For instance, many Asian Americans tend to identify more strongly with their ethnic group (e.g., as Japanese or Indian American) as opposed to the broader, pan-ethnic Asian American label (Flores & Huo, 2012; Lee et al., 2018; Ruiz et al., 2023). When MENA identity was subsumed under the White category, one in four MENA Americans did not report their identity as White on the American Community Surveys (Tiv et al., 2025), and the lack of MENA options can feel invalidating (d'Urso, 2025; Hakim & Branscombe, 2023). When a MENA option is given alongside a White option on a demographic form, MENA Americans are more willing to select the MENA option (Maghbouleh et al., 2022). The findings are intuitive: People want to check the box that they identify with. A major function of census data is to allocate state funding; hence, states are motivated to count all their constituents (Rocco, 2025). By not offering such options, people may not complete the form or select the "other" category, thereby risking inaccuracy and undercounts that jeopardize resource allocation for those in need (Hitlin et al., 2007; Lee et al., 2018; Maghbouleh et al., 2022).

Including MENA Americans on demographic forms whenever possible does not cost much. MENA Americans may feel more validated with the available option and organizations may gain community trust (d'Urso, 2025). Obtaining Asian ethnicity data would also be beneficial, facilitating more granular information regarding each ethnic group. If that proves challenging, another practical route is to separate the broad Asian category into three subcategories: East Asian, South Asian, and Southeast Asian. Collecting data that allows for

disaggregation would provide relevant stakeholders with the necessary information needed to design and implement initiatives that address group disparities.

Policy Focus 2: Data Analysis

After collecting disaggregated data, data analysis should likewise pay attention to disaggregation. Oftentimes, people and organizations may seek to present more streamlined data by arbitrarily aggregating groups. For instance, school administrators have lumped Asian students with White students to highlight differences from other students of color (Venkatraman, 2021). Asian students are arbitrarily considered students of color, yet they are separated from other students of color in data analyses. Although such practices may try to highlight experiences of Black and Latino students, the lumping of Asian with White students perpetuates the misconceived notion of model minorities. Data analysis should avoid grouping Asian and White Americans, similar to the need to disaggregate MENA from White Americans.

At times, racial and ethnic data are collected but not analyzed. The wealth of information collected can be advantageous for any organization to learn more about its constituencies. Data disaggregation is not necessarily just about uncovering disparities. Analyses may uncover how well a company is performing in the recruitment, retention, and promotion of various racial groups, as in the case of South Asian managers (Lu et al., 2020). Furthermore, we recommend that analyses examine how race may work in combination with other demographic data (e.g., gender, social class, immigration status, and/or age) to shape outcomes and experiences. People hold multiple identities, and they see their identities as intersecting in combination rather than as separate identities (Remedios & Snyder, 2018). For instance, a scientist may identify herself as a Cambodian woman and not just an Asian American. This “intersectional lens” enables us to understand that Southeast Asian women are particularly underrepresented in STEM, but Asian Americans as a broad category would obscure such information (Vinluan & Kraus, under review).

Policy Focus 3: Data Interpretation

A prevailing issue in interpreting racial data is a cognitive bias called “essentialism,” which is the belief that humans, objects, and categories carry a certain invisible quality or “essence” that is inherently fixed and even biological (Gelman, 2004). People may mistakenly interpret racial differences in research findings as natural and due to biology (Williams & Eberhardt, 2008). However, race is neither natural nor biological. As we mentioned at the start, racial labels have shifted throughout time, and they are defined differently across countries (Richeson et al., 2025). For instance, the Asian label is seemingly restricted to East Asians in the U.S. but not in the United Kingdom, where

there is a longstanding presence of South Asian communities (Goh & McCue, 2021). In the health context, doctors often hold essentialist assumptions about the formidability of Black bodies and erroneously believe that Black patients experience less pain than White patients even when they present the same symptoms and have the same medical history; consequently, doctors are less likely to prescribe proper treatment to Black patients than White patients (Hoffman et al., 2016).

In the educational context, certain Asian groups have been found to outperform White students and other racial minorities (Tran, 2024). Essentialist assumptions may attribute Asian success to some inherent quality that distinguishes them from other racial minorities, thereby blaming Black and Latino students for their inability to achieve similar mobility and excluding Asians who do not fit this image (Poon, 2024). In reality, a multitude of sociohistorical factors contributed to the Asian American success story, such as governmental policies that granted student or employment visas to a limited group of highly skilled and highly educated Asian immigrants from affluent family backgrounds (Tran, 2024).

To accurately interpret racial data, we recommend that policymakers and practitioners actively incorporate community members. For instance, the Census Bureau collaborates with community partners, nonprofit organizations, and researchers to develop effective methods for collecting and interpreting data on racial minorities (Rocco, 2025). Healthcare and educational institutions can similarly establish partnerships with relevant groups by holding town hall meetings in community centers and soliciting feedback to better understand their racial classification data.

Policy Focus 4: Data Protection

Racial data, disaggregated or not, are sensitive information. Racial minorities are particularly wary of how their personal information could be used to endanger their livelihoods. Such concerns are not unfounded, given American history. The unjust internment of Japanese Americans during World War II was facilitated by the cooperation between the Census Bureau and the U.S. military (Minkel, 2007). After the September 11 terrorist attack, the passage of Patriot Act allowed massive governmental surveillance that targeted South Asian and MENA communities (Awad et al., 2025). During his first presidential term, President Trump insisted on a citizenship question on the 2020 Census to deport undocumented immigrants; this effort was ultimately halted but led to severe undercounting of communities of color (Rocco, 2025).

Racial data require proper data protection. This does not mean that such data should not be collected. Racial minorities have advocated for their right to be accurately counted because such information officially documents their existence and experiences (Nobles, 2000; Rocco, 2025). Rather, institutions

and organizations should inform their members and constituents about how such data could be used to inform policies and decision-making. Above all, they should follow guidance on how to best protect sensitive data, such as ensuring research ethics training and considering differential privacy methods when sharing data (see Nanayakkara & Hullman, 2024; Rocco, 2025; Tran, 2024).

Conclusion

Racial groups and identities are fundamental to how we organize our minds and American society. Nonetheless, racial inequities still pervade multiple sectors of American life. More nuanced data about racial groups and identities are needed to look within overly broad racial labels that are commonly used today and uncover hidden disparities and similarities. We highlighted various policy-relevant insights that could be gleaned from prior research in healthcare and education, documenting disparities among MENA Americans and various Asian ethnic groups. Although there had been progress and initiatives by prior presidential administrations and federal policies to require disaggregated data on Asian Americans, the adoption of such policies at the state and local levels, as well as in private organizations, remains inconsistent (Tran, 2024). Similar efforts are also needed to promote MENA representation and awareness across sectors. Although the MENA category will be introduced in the 2030 Census, policymakers and practitioners may wish to include MENA labels sooner to ensure representative data for empirically driven policies. We hope we have demonstrated the need to look deeper into how we collect, analyze, interpret, and protect data on racial and ethnic minorities. Unpacking broad racial labels enables practitioners and policymakers to make more informed decisions, ensuring that all communities can thrive and flourish.


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