
September 15, 2025

NNAAC Public Comment on the Scholarships for Disadvantaged Students (SDS) Program Specific Form

Submitted via OMB No. 0906–0073

The National Network for Arab American Communities (NNAAC) is submitting this comment in response to the request for public comment on the proposed Scholarships for Disadvantaged Students (SDS) Program Specific Form.¹ NNAAC urges the Health Resources and Services Administration (HRSA) to improve the usefulness of the SDS Program Specific Form to align with the 2024 updates to Statistical Policy Directive No. 15 (SPD 15) by including a combined race and ethnicity question with a distinct “Middle Eastern or North African” (MENA) category.²

NNAAC’s Experience with the SDS Program and the SDS Program Specific Form

NNAAC is a consortium of 35 Arab American community-based organizations in 13 different states, dedicated to strengthening its members’ capacity to serve their communities. Coalition members act as trusted, deeply rooted local hubs, bridging gaps in access and fostering healthier, more resilient communities. Many provide direct services that address urgent health and social needs—such as food assistance, housing support, and help navigating public benefits—while others offer vital health-related support, such as mental health support, culturally tailored wellness education, or health literacy training and education.

NNAAC and NNAAC members have extensive experience with racial and ethnic data collection and the challenges associated with collecting accurate and representative race and ethnicity data. NNAAC members who provide direct health services and administer educational programs have unique experience with racial and ethnic data collection in clinical and educational settings. Further, many NNAAC members count MENA health students and graduates among their leadership, staff, and community support network. Our comments are informed by our experience with racial and ethnic data collection, both in general as well as in health and education settings, and the implications of such data being collected and reported through inaccurate and unrepresentative questionnaires.

Reducing Respondent Burden by Aligning the SDS Program Specific Form with the 2024 SPD 15 Revision

¹ 90 FR 39399

² Office of Management and Budget, “Revisions to OMB’s Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity,” Federal Register 89, no. 61 (March 29, 2024): 22182–22196, <https://www.federalregister.gov/documents/2024/03/29/2024-06469/revisions-to-ombs-statistical-policy-directive-no-15-standards-for-maintaining-collecting-and>.



NNAAC is requesting that HRSA revise the SDS Program Specific Form to align with the 2024 revisions to Statistical Policy Directive No. 15 (SPD 15) by collecting and reporting the racial and ethnic makeup of schools through a combined question that features detailed racial and ethnic categories, including a distinct MENA category. If implemented, our request would not impose a significant burden on respondents (i.e., schools). On the flip side, implementation of our request would advance OIRA's Burden Reduction Initiative burden by enabling schools to minimize the psychological costs of inaccurate self-identification incurred by MENA students and graduates.³ Studies suggest that US residents with origins in the MENA region may not be perceived, nor perceive themselves to be white.⁴ A rich literature suggests that discordance between self-identified and perceived race has psychological and health impacts.⁵ Arab American community researchers have contributed significant scholarship indicating that such discordance may have adverse psychological and health impacts on MENA students and graduates.⁶

Addressing Difficulties Associated with Collecting Race/Ethnicity Data from Schools

NNAAC is requesting that HRSA revise the SDS Program Specific Form to align with the 2024 revisions to Statistical Policy Directive No. 15 (SPD 15) by collecting and reporting the racial and ethnic makeup of schools through a combined question that features detailed racial and ethnic categories, including a distinct MENA category. Schools may have to update the forms through which they collect race and ethnicity data to comply with the revised SDS Program Specific Form. Given the importance of the SDS Program for schools and their general student body, revising the SDS Program Specific Form would serve as a significant incentive for schools to do so. While implementation involves administrative and technical costs, the long-term benefits of our proposed revision are substantial and align with federal goals of optimization,⁷

³ Office of Management and Budget. 2022. Strategies for Reducing Administrative Burdens in Public Benefit and Service Programs. Washington, D.C.: Office of Management and Budget.

⁴ Maghbouleh, Neda., Schachter, Ariela, René D. Flores, "Middle Eastern and North African Americans may not be perceived, nor perceive themselves, to be White." *Proc Natl Acad Sci U S A*, 2022; 119(7).

⁵ Zajdel, Rachel A., Evelyn J. Patterson, Erik J. Rodriguez, Monica Webb Hooper, and Eliseo J. Pérez-Stable. "Self-Identified Race and Ethnicity and How This Is Perceived: Associations with the Physical and Mental Health of Incarcerated Individuals." *Journal of Racial and Ethnic Health Disparities*, published October 4, 2024. <https://link.springer.com/article/10.1007/s40615-024-02186-8>.

⁶ Awad, Germine H., Maryam Kia-Keating, and Mona M. Amer. "A Model of Cumulative Racial–Ethnic Trauma Among Americans of Middle Eastern and North African (MENA) Descent." *American Psychologist* 74, no. 1 (2019): 76–87. <https://doi.org/10.1037/amp0000344>; Amer, Mona M., and Germine H. Awad, eds. *Handbook of Arab American Psychology*. New York: Routledge, 2015. <https://doi.org/10.4324/9780203763582>; Awad, Germine H., Ayse S. Ikizler, and A. H. Maghsoodi. "Stress and Health Among Arab/MENA Americans." In *Biopsychosocial Perspectives on Arab Americans*, 2nd ed., edited by Sylvia C. Nassar et al., Chapter 16. Cham: Springer Nature, 2023. https://doi.org/10.1007/978-3-031-28360-4_16.

⁷ American Medical Association. 2022. Report 12-A-22: Recognition of MENA Populations in Health Data. Chicago, IL: AMA.

efficiency,⁸ and burden reduction. Given the costs and benefits related to our request, HRSA should do everything in their power to assist and otherwise encourage schools to revise their respective data collection forms to be interoperable and comparable with the SDS Program Specific Form and the 2024 SPD 15 Revision.

MENA Students’ Experiences of Providing Racial/Ethnic Self-Identification

The continued exclusion of MENA students from federal race and ethnicity data systems perpetuates a legacy of invisibility that has long obscured the educational and socioeconomic disadvantages faced by this population.⁹ MENA students experience unique barriers to educational attainment—including linguistic isolation and limited access to culturally responsible support services.¹⁰ Arab American community researchers have contributed significant scholarship indicating that such discordance may have adverse psychological and health impacts on MENA students and graduates.¹¹ By revising the SDS Program Specific Form to align with the 2024 SPD 15 Revision, HRSA can promote opportunities for professional advancement for disadvantaged MENA students, reduce respondent burden, and facilitate compliance with federal regulations across the schools referenced on page one of HRSA’s Supporting Statement A accompanying this ICR.¹²

Revising the SDS Program Specific Form to Align with the 2024 SPD 15 Revision

NNAAC is requesting that HRSA revise the SDS Program Specific Form to align with the 2024 revisions to Statistical Policy Directive No. 15 (SPD 15) by collecting and reporting the racial and ethnic makeup of schools through a combined question that features detailed racial and ethnic categories, including a distinct MENA category. The proposed ICR, which defers

⁸ Leadership Conference Education Fund. 2025. Disaggregation Nation: State-Level Implementation of MENA Data Collection. Washington, D.C.: LCEF.

⁹ Kindratt, Tiffany B., et al. “Middle Eastern and North African (MENA) Populations in the United States: A Review of Health Disparities and Policy Recommendations.” *Journal of Racial and Ethnic Health Disparities* 11, no. 1 (2024): 1–12. <https://doi.org/10.1007/s40615-023-01678-2>.

¹⁰ Ajrouch, Kristine J., Julie Hakim-Larson, and Rand Ramadan Fakh. “Youth Development: An Ecological Approach to Identity.” In *Handbook of Arab American Psychology*, edited by Mona M. Amer and Germaine H. Awad, 91–102. New York: Routledge, 2016. <https://scholar.uwindsor.ca/psychologypub/50/>.

¹¹ Awad, Germaine H., Maryam Kia-Keating, and Mona M. Amer. “A Model of Cumulative Racial–Ethnic Trauma Among Americans of Middle Eastern and North African (MENA) Descent.” *American Psychologist* 74, no. 1 (2019): 76–87. <https://doi.org/10.1037/amp0000344>; Amer, Mona M., and Germaine H. Awad, eds. *Handbook of Arab American Psychology*. New York: Routledge, 2015. <https://doi.org/10.4324/9780203763582>; Awad, Germaine H., Ayse S. Ickizler, and A. H. Maghsoodi. “Stress and Health Among Arab/MENA Americans.” In *Biopsychosocial Perspectives on Arab Americans*, 2nd ed., edited by Sylvia C. Nassar et al., Chapter 16. Cham: Springer Nature, 2023. https://doi.org/10.1007/978-3-031-28360-4_16.

¹² Health Resources and Services Administration. Supporting Statement A: Scholarships for Disadvantaged Students Program Specific Form (OMB Control No. 0915-0145 – Revision). Washington, D.C.: U.S. Department of Health and Human Services, 2025.

alignment with the 2024 SPD 15 Revision, represents a missed opportunity to promote opportunities for disadvantaged students to enter the health workforce.

For example, Arab American students in Dearborn, Michigan—a city with one of the highest concentrations of MENA residents in the U.S.—have been shown to face elevated rates of poverty and chronic health conditions, such as diabetes, which correlate with educational disadvantage.¹³ Yet, because data and information on MENA students are currently subsumed under the “White” category, institutions serving these communities are unable to demonstrate the true extent of their students’ needs and are systematically excluded from funding opportunities designed to support disadvantaged populations.

This omission has an outsized impact on schools with disproportionately high numbers of MENA students and graduates, including institutions in Michigan, Illinois, and California. These schools often serve communities with deep-rooted social and economic challenges, but without the ability to count MENA students as part of their disadvantaged population, they risk falling below the 20 percent threshold required for SDS eligibility.

The current ICR not only undermines the intent of the SDS program but also penalizes schools with significant numbers of MENA students. We strongly urge HRSA to amend its form to include the new MENA category and ensure that all disadvantaged students are counted and provided opportunities to advance in their chosen field.

Thank you for the opportunity to submit these comments. Please direct any questions to me at ABeddawi@accesscommunity.org

Respectfully submitted,

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¹³ Hekman K, Weir S, Fussman C, Lyon-Callo S. 2015. Health Risk Behaviors Among Arab Adults Within the State of Michigan: 2013 Arab Behavioral Risk Factor Survey. Lansing, MI: Michigan Department of Health and Human Services, Lifecourse Epidemiology and Genomics Division and Health Disparities Reduction and Minority Health Section.