





Hidden Identities, Hidden Lives: When Data Obscures Health Disparities

Ninez A. Ponce, PhD, MPP

Professor, UCLA Department of Health Policy & Management Director, UCLA Center for Health Policy Research Principal Investigator, California Health Interview Survey Presentation to CDC's NOPREN network, May 2020



Agenda

- Overview of data disaggregation
- Summary of PolicyLink report on data disaggregation
- How CHIS collects race/ethnicity data
- Analyses focused on Asian American Native Hawaiian Pacific
 Islander (AANHPI) and American Indian/Alaska Native (AIAN) groups



What We've Known for 30+ Years

The 1985 annual US health report card:

"That report--like its predecessors--documented significant progress: Americans were living longer, infant mortality had continued to decline--the overall American health picture showed almost uniform improvement. But, and that "but" signaled a sad and significant fact; there was a continuing disparity in the burden of death and illness experienced by Blacks and other minority Americans as compared with our nation's population as a whole"

-Margaret Heckler, 1985. Report of the Secretary's Task Force Report on Black and Minority Health. Washington D.C: US Department of Health and Human Services





A Key Response: The Office of Management and Budget (OMB) Directive, 1997

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

Race

- 5 minimum categories:
 - American Indian or Alaska Native (AIAN)
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander (NHOPI)
 - White



Unmasking Heterogeneity of Groups

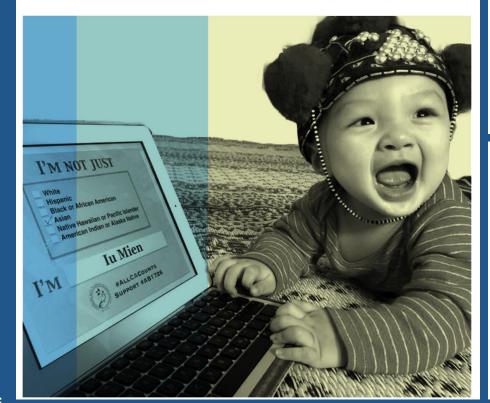
Most population-based surveys present minimum racial/ethnic categories required by OMB, but OMB categories may mask the heterogeneity of groups constituting these broad categories

- Need to collect granular ethnicity
- Need for other race option for those who do not identify with OMB categories
- In addition to ethnicity, need to collect language at home and level of English proficiency



Counting a Diverse Nation:

Disaggregating Data on Race and Ethnicity to Advance a Culture of Health



PolicyLink 665

Research that disaggregates the non-Hispanic White population is practically non-existent. A comprehensive review of the extant literature found no study that systematically disaggregates the health status of ethnic groups classified as non-Hispanic White.

Jen'nan Read, Duke University, in the research review on the non-Hispanic White population done for this project²¹

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It's hard to find the numbers on Arab Americans because they are included in the White population. We looked nationally and found only 34 reliable studies on Arab Americans, and 26 of them were conducted in Michigan.

Hassan Jaber, Executive Director and Chief Executive Officer of ACCESS (Arab Community Center for Economic and Social Services), and member of the National Advisory Committee of the U.S. Census Bureau

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Some studies on immigrant health point to increased stress exposure the longer immigrants live in the U.S. which over time increases their likelihood to engage in health risk behaviors. There also may be specific cultural health factors prevalent in the beginning or changes that take place as a result of contact with culturally dissimilar people and groups related to integration that reduce or heighten their health risk.

Carmela Alcántara, Associate Professor of Social Work, Columbia University

Key Takeaways

- Increasing need for disaggregation, especially for American Indian/Alaska Native (AIAN), Middle East and North Africa (MENA)
- Ancestry, acculturation important, especially for Latin American immigrants
- For Blacks, skin color an important measure as it is associated with discrimination



QA19_A9'	[AA4]	- Are	you Latin	o or H	ispanic'
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- O 1 Yes
- 2 No

If = 2, -3, goto 'PN_QA19_A11'

'QA19_A10' [AA5] - And what is your Latino or Hispanic ancestry or origin?

Check all that apply

- 01 Mexican/Mexican American/Chicano
- 04 Salvadoran
- 05 Guatemalan
- 06 Costa Rican
- 07 Honduran
- □ 08 Nicaraguan
- 09 Panamanian
- □ 10 Puerto Rican
 □ 11 Cuban
- 10 Cubail
- □ 12 Spanish-American (from Spain)
- ☐ 91 Other Latino (Specify:

Collecting Race/Ethnicity: California Health Interview Survey (CHIS)

'QA19_A11' [AA5A] - {You said you are Latino or Hispanic. Also,} please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as

- O1 White
- 02 Black or African American
- O 03 Asian
- 04 American Indian or Alaska Native
- 05 Other Pacific Islander
- 06 Native Hawaiian
- O 91 Other (Specify:_____

Source: www.chis.ucla.edu



Collection of Race/Ethnicity: CHIS

Source: www.chis.ucla.edu

'QA19_A12' [AA5B] - You said, American Indian or Alaska Native, and what is your tribal heritage?											
Check all that apply											
(11 maximum responses)											
□ 1 Apache □ 2 Blackfoot/Blackfeet □ 3 Cherokee □ 4 Choctaw □ 5 Mexican American Indian □ 6 Navajo □ 7 Pomo □ 8 Pueblo □ 9 Sioux □ 10 Yaqui □ 91 Other tribe (Specify:)											
'QA19_A13' [AA5C] - Are you an enrolled member in a federally or state recognized tribe?											
O 1 Yes O 2 No											

'QA19_A1	4' [AA5D] - Which tribe are you enrolled in?
Apache	
O O Blackfeet	Mescalero Apache, NM Apache (not specified)_ Other Apache (SPECIFY:)
O Cherokee	4 Blackfoot/Blackfeet
O O O Choctaw	5 Western Cherokee 6 Cherokee (not specified) 7 Other Cherokee (Specify:)
0	8 Choctaw Oklahoma 9 Choctaw (not specfied) 10 Other Choctaw (Specify:)
Navajo	
0	11 Navajo (not specified)
Pomo	
O O O Pueblo	12 Hopland Band, Hopland Rancheria 13 Sherwood Valley Rancheria 14 Pomo (not specified) 15 Other Pomo (SPECIFY:)
O O O Sioux	16 Hopi 17 Ysleta del Sur Pueblo of Texas 18 Pueblo (not specified) 19 Other Pueblo (Specify:)
O O Yaqui	20 Oglala/ Pine Ridge Sioux 21 Sioux (not specified) 22 Other Sioux (Specify:)
0	23 Pascua Yaqui Tribe of Arizona 24 Yaqui (not specified) 25 Other Yaqui (Specify:)
Other	91 Other (Specify:)



Collecting Race/Ethnicity: CHIS

'QA19_A15' [[AA5E] - You said Asian, and what specific ethnic group are you?												
Check all that	Check all that apply												
(18 maximum	responses)												
	1 Bangladeshi 2 Burmese 3 Cambodian 4 Chinese 5 Filipino 6 Hmong 7 Indian (India)												
	8 Indonesian 9 Japanese 10 Korean 11 Laotian 12 Malaysian												
0	13 Pakistani 14 Sri Lankan 15 Taiwanese 16 Thai 17 Vietnamese												
	91 Other Asian (Specify:)												

Source: www.chis.ucla.edu



Collecting Race/Ethnicity: CHIS

'QA19_A16' [A	AA5E1] - You said you are Pacific Islander. What specific ethnic group are you?
Check all that a	pply
(5 maximum re	sponses)
	1 Samoan/American Samoan 2 Guamanian 3 Tongan 4 Fijian 91 Other Pacific Islander (Specify:)



Collecting Race/Ethnicity: CHIS

'QA19_A17' [AA5G] - You said that you are: {INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1}.

Do you identify with any one race in particular?

- O 1 Yes
- Q 2 No

'QA19_A18' [AA5F] - Which do you most identify with?



Country of Birth & Ancestry: CHIS

'QA18_G1' [AH33] -

Now a few more questions about your background.

In what country were you born?

'QA18 G2' [AH34] -

In what country was your mother born?

'QA18_G3' [AH35] -

In what country was your father born?

 \mathbf{O} 01 UNITED STATES 02 AMERICAN SAMOA 03 CANADA 04 CHINA 05 EL SALVADOR 06 ENGLAND 07 FRANCE 08 GERMANY 09 GUAM 10 GUATEMALA 11 HUNGARY 12 INDIA **13 IRAN** 14 IRELAND 15 ITALY 16 JAPAN 17 KOREA 18 MEXICO 19 PHILIPPINES 20 POLAND 21 PORTUGAL 22 PUERTO RICO 23 RUSSIA 24 TAIWAN 25 VIETNAM **26 VIRGIN ISLANDS** 91 OTHER (SPECIFY: -7 REFUSED -8 DON'T KNOW



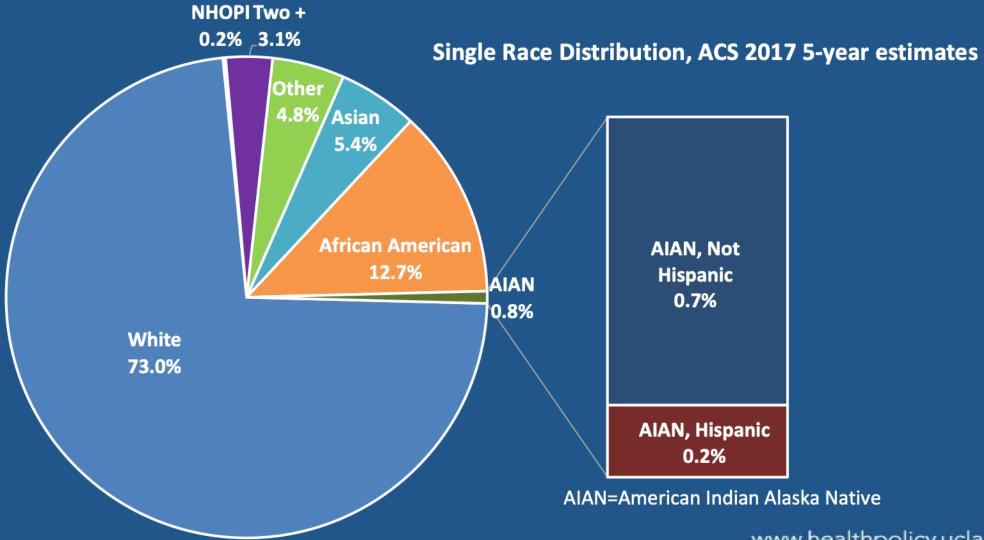
Classification Challenge

- Collection of data on race/ethnicity
 - Latino/Hispanic ancestry collected separately from race
 - Which race groups are included as response options to race Q's
- Increasing number of people who select more than one race*
 - ~6 million in 2009
 - ~9 million in 2018
- Measurement and classification of race has implications for health policy and healthy equity

^{*}Source: Kaiser Family Foundation, Population Distribution by Race/Ethnicity

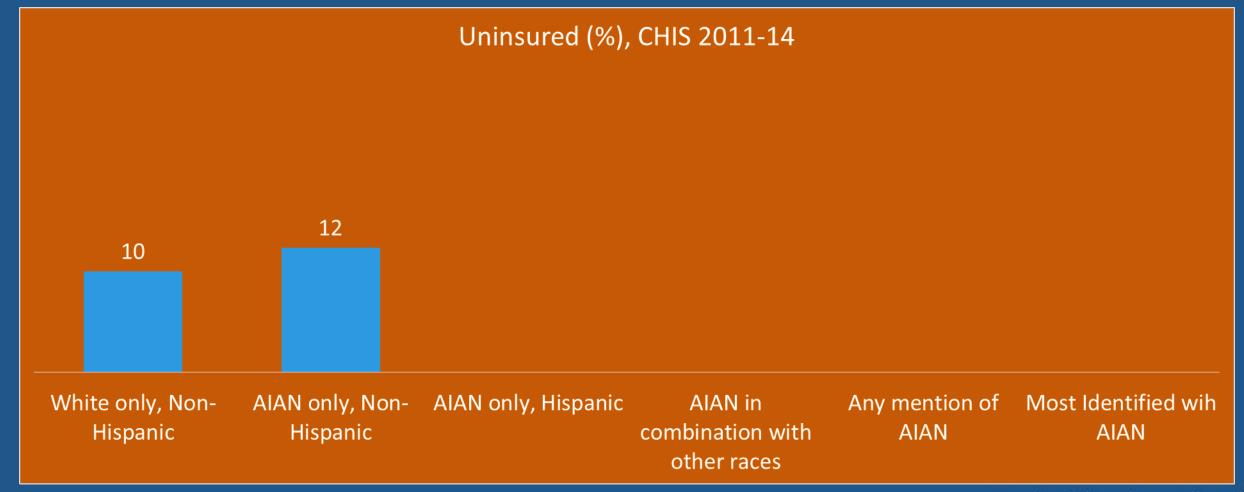


Conventions in Racial Classification: AIAN



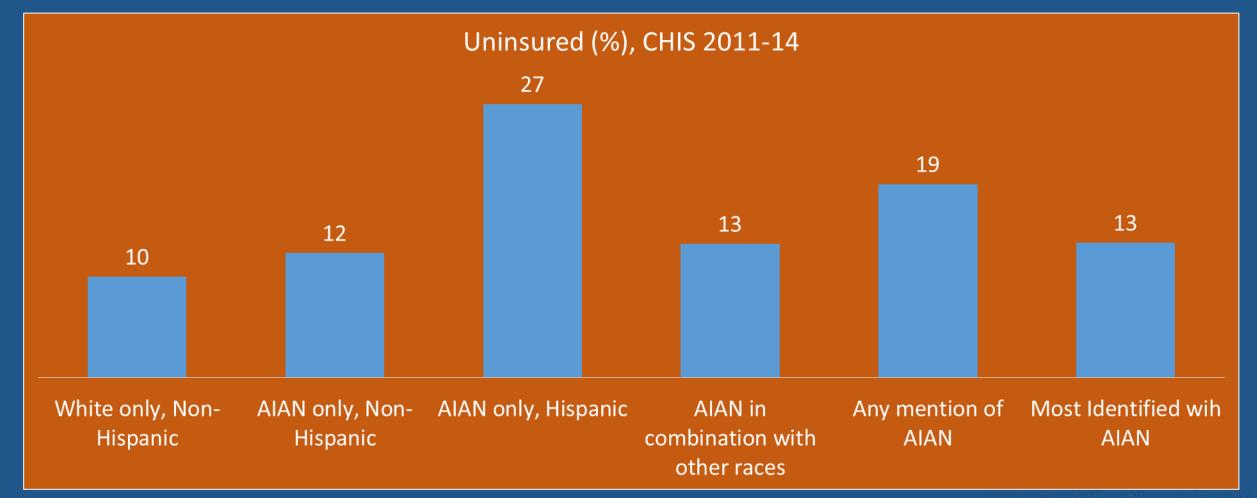


Impact of Classification on Health Disparities: Conventional Classification of AIAN



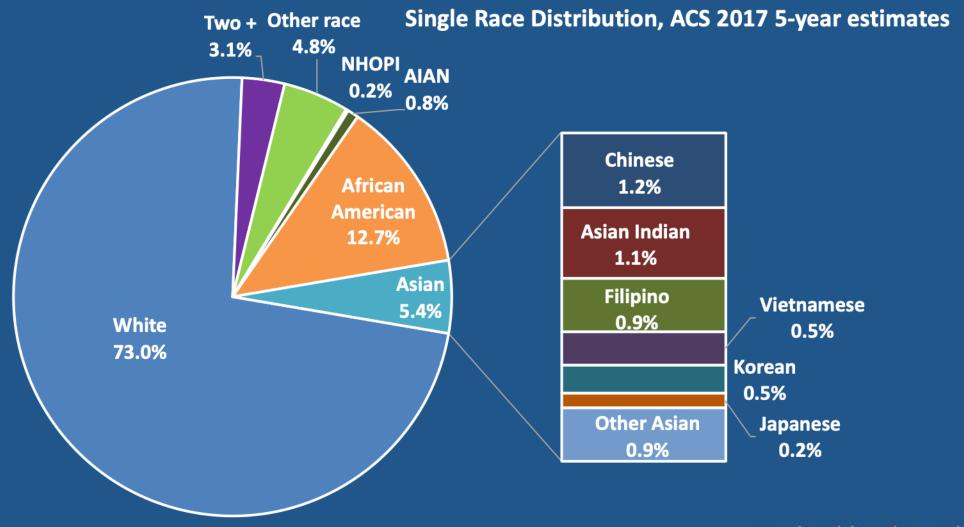


Impact of Classification on Health Disparities: Conventional Classification of AIAN



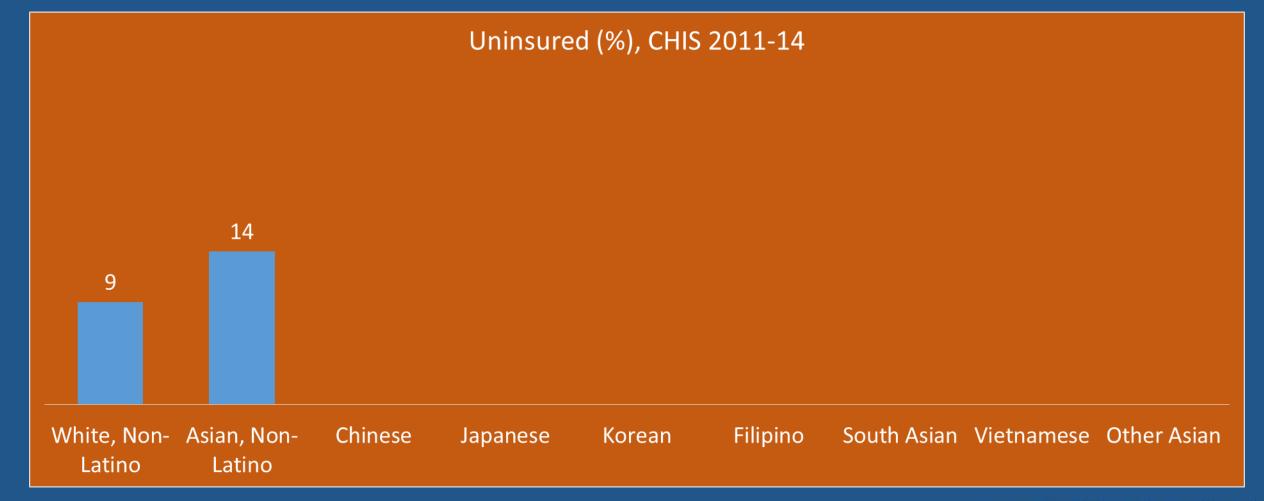


Conventions in Racial Classification: Asian



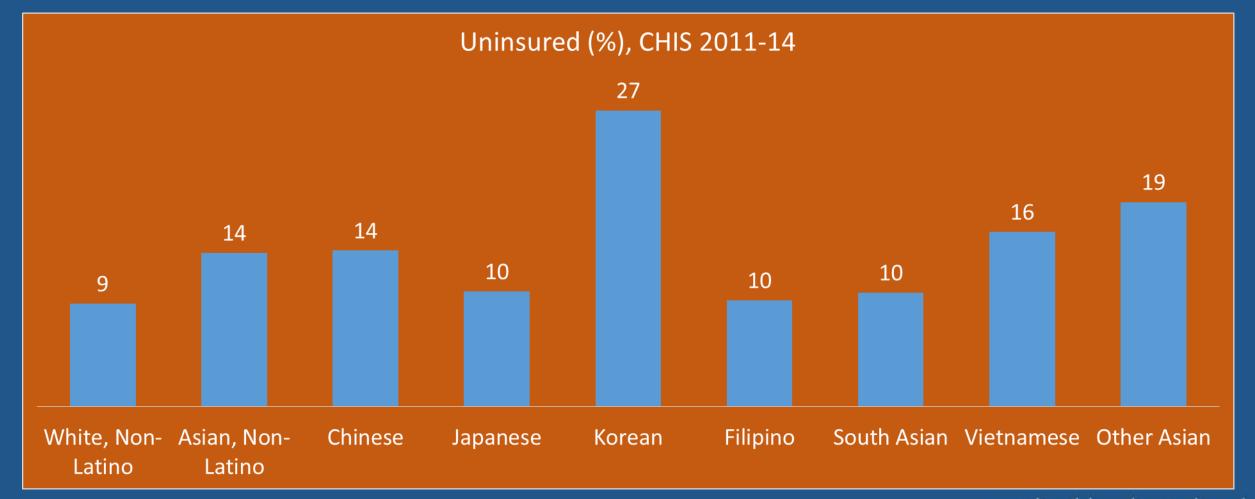


Impact of Classification on Health Disparities: Conventional Classification for Asian





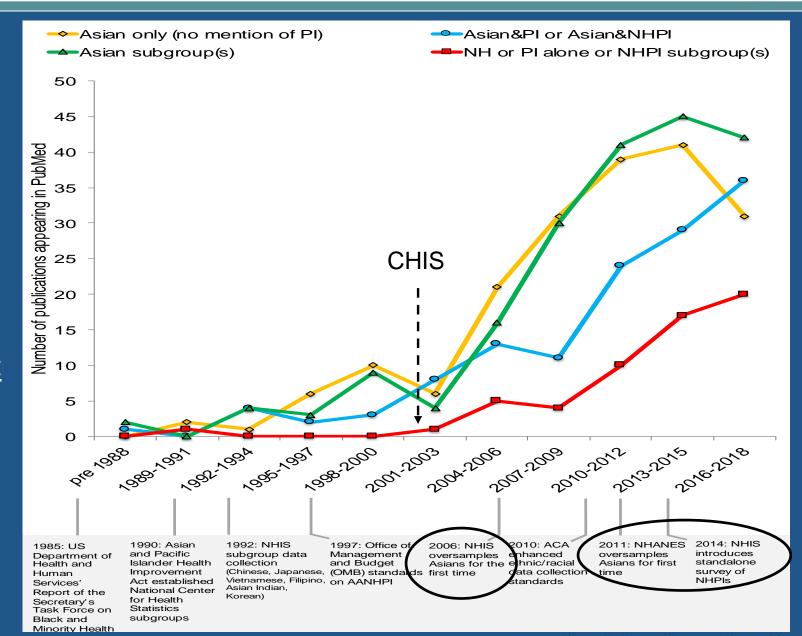
Impact of Classification on Health Disparities: Conventional Classification for Asian





Importance of Policy and Guidance on Disaggregation Practices

- Guidelines are necessary <u>but not</u> sufficient
- Federal or state mandates on uniform reporting across agencies needed
- Research community resources and better <u>datasets</u> spur studies





Challenges to Progress

- The movement to eliminate racial and ethnic disparities in health continues to be impeded by the quality of population health data on race/ethnicity
- Growing racial/ethnic diversity of the US, including the increasing numbers of America's population reporting multiple races



Challenges to Data Disaggregation

- How do we pay for this?
- Will there be user interest?
- Will users be able to access because of disclosure risk?
- How do we protect respondents with more granular identification?
- Why collect if not enough sample?

Presentation on some of these answers at AcademyHealth HealthDataPalooza 2020 Conference—links to video presentation per request

RWJ-funded grant RFP program forthcoming



Data Disaggregation and Covid-19

- Race/ethnic disparities disproportionate impact among communities of color reflects long-standing inequities in health care and economic systems
- Data disaggregation is lacking e.g. mortality data for NHPI merged with Asians in National Death statistics

https://data.cdc.gov/d/pj/m-y5uh/visualization

https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#Race_Hispanic_

Each state collecting, and tabulating R/E data differently---most impacts smaller populations, which also tends to have largest multiracial segments. For example, in Arkansas, which has a concentration of Marshallese, the Pacific Islander COVID-rates will vary from 300 cases /100,000 to over 400 cases/100,000 depending on whether the denominator is single race or "any mention". And, community leaders there think that if the PI group is disaggregated, the Marshallese may have higher rates, but we can't see this in aggregated data.

Census 2020

5.	Please provide information for each person living here. If there is someone living here who pays the rent or owns t residence, start by listing him or her as Person 1. If the owner or the person who pays the rent does not live here start by listing any adult living here as Person 1. What is Person 1's name? Print name below.														t			
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	 What is Person 1's race? Mark one or more boxes AND print origins. 																		
		White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.																	
		Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. ✓																	
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		American Indian or Alaska Native — Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskirno Community, etc.																	
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((N.	Other Asian − Other Pacific Islam Print, for example, Pakistani, Cambodian, Hmong, etc. Other Pacific Islam Print, for example Tongan, Fijian, Marshallese, etc.),							
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HEALTH DISPARITIES UNDETECTED
WITH AGGREGATED DATA

DATA DISAGGREGATION IMPORTANT NOT JUST IN SURVEYS BUT IN ALL PUBLIC HEALTH SURVEILLANCE SYSTEMS



Thank you!

Ninez Ponce nponce@ucla.edu

Thank you to the Robert Wood Johnson Foundation