Presentation to the Connecticut Multicultural Health Partnership

Wednesday, July 23, 2008
Water's Edge Resort & Spa
Westbrook, CT

Margaret M. Hynes, PhD, MPH – Senior Epidemiologist and Director

Ava N. Nepaul, MA, MPH – Epidemiologist

Alison Stratton, PhD – Epidemiologist

Overview

❖ Two-year grant from the Connecticut Health Foundation.

❖ To improve the statewide infrastructure for documenting, reporting, and addressing health disparities in Connecticut.

Overview

❖ Objectives
- Evaluate data collection
- Coordinate agency planning objectives
- Publish state health disparities report
- Provide leadership in the development of a statewide network

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Project Staff

Margaret Hynes, PhD, MPH   Ava Nepaul, MA, MPH   Alison Stratton, PhD
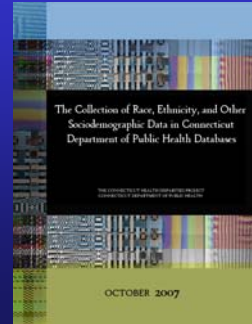

Objective 1
Evaluate Data Collection

❖ Survey of DPH Databases
- Evaluate the collection of racial, ethnic and other relevant sociodemographic information across all Department of Public Health databases, and make recommendations for the improvement of data collection
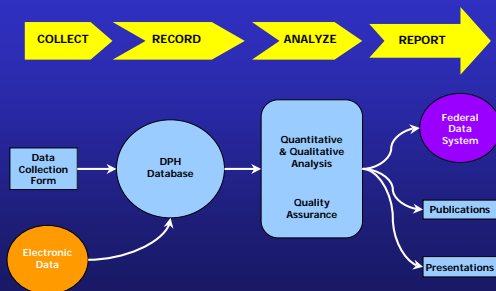
Database Survey
Participants

- ❖ 37 databases
- ❖ 70% mandated
- ❖ Focus areas

Cancer	Infectious diseases
Chronic diseases	Occupational health
Environmental health	Regulatory activities
Family health	Survey research
HIV/AIDS	Tobacco Control
Injury prevention	Vital statistics

Database Survey
Final Report

The Collection of Race, Ethnicity, and Other Sociodemographic Data in Connecticut Department of Public Health Databases

THE CONNECTICUT HEALTH DISPARITIES PROJECT
CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

OCTOBER 2007

The Flow of Data

Federal Standards - OMB 15

- ❖ Published in Federal Register – 1997

- ❖ Effective date - 2000 decennial census

- ❖ Provides a common language for uniformity and comparability of racial/ethnic data

- ❖ Used in the 2000 Census, household surveys, administrative forms, and research

OMB Directive No. 15

Key points:

- ❖ Designed to reflect the increasing diversity of the U.S. population.

- ❖ Racial and ethnic categories represent a social- political construct, and are not scientifically based.

OMB Directive No. 15

Key considerations:

- ❖ Categories set forth a *minimum* standard.

- ❖ Respondent self-identification is ideal.

- ❖ No criteria used to determine any person's race or ethnicity.

OMB Directive No. 15 - Race

❖ Five Racial Groups
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White

❖ Includes a Multiple Race Option

OMB Directive No. 15 - Ethnicity

❖ Hispanic or Latino origin
❖ Not of Hispanic or Latino origin

Findings
Race

DPH Survey Item #11

Does your database include information on racial categories?

Yes 37 (100%)

Findings
Race

DPH Survey Item #12

What racial categories are in this database?

Findings
1997 OMB Race Categories Collected

Racial Categories	Number of Databases
White	35
NHOPI	11
BAA	15
Asian	20
AIAN	20
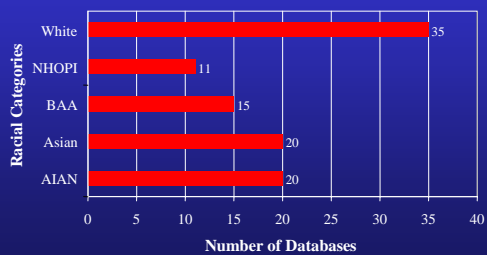
Findings
Multiple Racial Category Selection

DPH Survey Item #13

Do you allow an individual to report more than one race?

Yes 19 (51.4%)
No   18 (48.6%)

Findings
Multiple Racial Category Selection

DPH Survey Item #13a.

Are all the categories reported recorded in your database?

Yes 11 (57.9%)

No 8 (42.1%)

Findings
Ethnicity

DPH Survey Item #14

Is an Hispanic/Latino ethnicity category included as a separate field in this database?

Yes 32 (86.5%)

No 5 (13.5%)

Findings
1997 OMB Ethnicity Categories

❖ 8 (21.6%) met the standards
- Use of "Hispanic" as a racial category
- "Not Hispanic or Latino" infrequently used

Findings
Report of Race/Ethnicity

DPH Survey Item #19

Is your race/ethnicity data self-reported and/or observer reported?

Type	Yes	No	Unk
Self	78.4%	13.5%	8.1%
Observer	40.5%	40.5%	18.9%
Both	27.0%	-	-

Findings
Comparison with 1997 OMB

❖ Categories for race
❖ Records multiple races
❖ Categories for ethnicity
❖ Self report

16.2% of surveyed databases met or exceeded the current federal standards

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Findings
Additional Sociodemographic Variables

❖ Age
❖ Gender
❖ Health insurance status
❖ Socioeconomic position (SEP)
❖ Acculturation and language
❖ Geography of residence

Findings
Selected Barriers to Change

❖ Incomplete knowledge of OMB standards

❖ Incomplete data reporting
- "The biggest barrier is that the people who fill out the report forms do not fill out the sections on race and ethnicity."

Findings
Selected Barriers to Change

❖ Reluctance to overburden data collectors
- "The completeness of reporting may decrease if the data collection becomes more complicated."

❖ Difficult to change data collection forms and standards used by reporters
- Health data reporters have their own systems and forms specific to their business needs

Report
Recommendations

The Collection of Race, Ethnicity, and Other Sociodemographic Data in Connecticut Department of Public Health Databases

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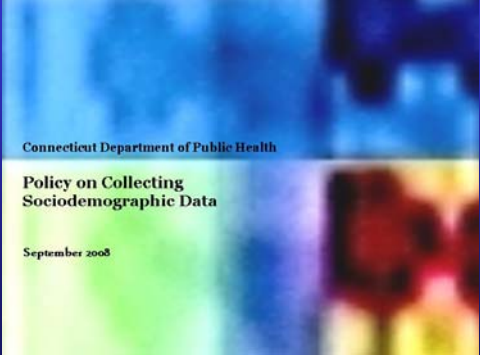CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

OCTOBER 2007

Recommendations
Enhance Data Collection and Reporting

❖ Data standards
- Minimum
- Ideal
❖ Policy
❖ Geocoding

Recommendations
Increase Knowledge of Data Users and Reporters

❖ DPH staff

❖ Reporters of health information

Connecticut Department of Public Health

Policy on Collecting Sociodemographic Data

September 2008

Data Collection Policy

Minimum Standard	Ideal Standard
Age	Age
Gender	Gender
Ethnicity	Ethnicity & expanded ethnicity
	Ancestry
Race	Race
	Geography of residence
	Language
	Acculturation
	Socioeconomic position
	Other sociodemographic data of interest

Data Collection Policy

- ❖ Minimum standard
  - ▪ Self report
  - ▪ Age
  - ▪ Gender
    - ▪ Includes "Other, specify:_____"
  - ▪ Ethnicity
    - ▪ 1997 OMB ethnicity categories
  - ▪ Race
    - ▪ 1997 OMB race categories

Data Collection Policy

- ❖ Ideal standard
  - ▪ Self report
  - ▪ All elements of minimum standard
    - ▪ Suggestion: Expanded Spanish origin
    - ▪ Suggestion: "Asian" subcategories
  - ▪ Ancestry
  - ▪ Geography of residence
  - ▪ Language
  - ▪ Acculturation
  - ▪ Socioeconomic position
  - ▪ Other sociodemographic variables

Objective 2
Coordinate Planning

- ❖ Coordinate agency planning objectives related to the elimination of health disparities among racial/ethnic subpopulations
  - ▪ Consistent with *Healthy People 2010* Objectives

Objective 2
Coordinate Planning

- ❖ *Healthy People 2010 Inventory* (2007)
  - ▪ 15 DPH Branches and Offices
  - ▪ One-third of HP 2010 Objectives are tracked by DPH programs.

- ❖ Recommendation: Focus on local-level data
  - ▪ Town- and health district-level mortality tables available
  - ▪ Fall, 2008

Objective 3
State Health Disparities Report

- ❖ Publish a comprehensive Connecticut health disparities surveillance report

Objective 3
State Health Disparities Report

- ❖ Leading health indicators
  - ▪ Access
  - ▪ Acute and chronic conditions
  - ▪ Risk factors
  - ▪ Incidence
  - ▪ Prevalence
  - ▪ Morbidity
  - ▪ Mortality
- ❖ Social and economic indicators
- ❖ December 2008
- ❖ Issue Briefs

Objectives
State Health Disparities Report

- ❖ Issue Briefs
  - ▪ *Defining Health Disparities (2007)*
  - ▪ *Race and Ethnicity Matters(2007)*

Defining Health Disparities

- ❖ …Refer to differences ….that exist among specific population groups in CT.

- ❖ ….may be based on race, ethnicity, age, gender, socioeconomic position, immigrant status, sexual minority status, language, disability, homelessness, and geographic area of residence.

Defining Health Disparities

- ❖ …health disparities refer to those avoidable differences in health that result from cumulative social disadvantages.

Objective 4
Statewide Network

- ❖ Provide leadership in the development of a statewide network of researchers and policy analysts focused on the measurement of health disparities in Connecticut.

Objectives
Network

- ❖ Academic Advisory Group
  - ▪ University of Connecticut
    - ▪ Marysol Asencio, DrPH
    - ▪ Rafael Pérez-Escamilla, PhD
    - ▪ Bandana Purkayastha, PhD
    - ▪ Eileen Storey, MD, MPH
    - ▪ Ronald L. Taylor, PhD
    - ▪ Alexander Vias, PhD
    - ▪ Lisa Werkmeister Rosas, PhD, LICSW
  - ▪ Southern Connecticut State University
    - ▪ Jean Breny Bontempi, PhD
    - ▪ Shirley A. Jackson, PhD
  - ▪ Yale University
    - ▪ Beth Jones, PhD

Objectives
Network

❖ Collaborations
- Center for Eliminating Health Disparities Among Latinos (CEHDL)
- Quinnipiac University Physician's Assistant Program
- SCSU Department of Public Health
- UConn Geography Department
- UConn Graduate Program in Public Health
- UConn Office of Multicultural and International Affairs
- UConn School of Social Work

Objectives
Network

❖ Conversations with local health
❖ Inter-agency dialogues (e.g., DMHAS, SDE, CHA)
❖ Intra-agency dialogues
- Office of Multicultural Health
- Public Health Initiatives Branch
  - AIDS/Chronic Diseases
  - Disparities Action Working Group
  - Health Education, Management and Surveillance
- Virtual Affinity Group (HD VAG)
  - Monthly e-newsletter (about 70 subscribers)

1st State Agency Meeting

1st State Agency Meeting
Panelists

Upcoming State Agency Meetings

❖ September 19, 2008 – *Monitoring Health Disparities: Creating Data Policies that Work*

❖ November 2008 – *Findings from the UConn – DPH Geocoding Collaborative*

UConn-DPH Geocoding Collaborative

CT Health Disparities Webpage

➢ *www.ct.gov/dph*

➢ *"Statistics and Research"*

➢ *"Health Disparities"*