

*An Examination of the Use of Race/Ethnicity in
State Health Disparities Reports*



CONNECTICUT DEPARTMENT OF
PUBLIC HEALTH

Margaret Hynes, PhD, MPH and Giselle Vasquez, BS

The Connecticut Health Disparities Project

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*Eliminating Racial & Ethnic Health Disparities by 2010:
Moral & Economic Imperatives*

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Overview

- Background - CT Health Disparities Project
- State Health Disparities Reports
- Constructs of Race and Ethnicity
- Measurement Issues
- Methods
- Findings
- Conclusions
- Recommendations

CT Health Disparities Project

- Two-year cooperative agreement with the Connecticut Health Foundation for \$539,317.
- To improve the statewide infrastructure for documenting, reporting, and addressing health disparities among racial /ethnic minority residents of Connecticut.

CT Health Disparities Project Objectives (2006-2008)

- Evaluate collection of racial/ethnic and sociodemographic information in DPH data bases;
- Coordinate agency planning objectives re: elimination of health disparities;
- Provide leadership in the development of a statewide network of researchers and policy analysts focused on the measurement and reporting of health disparities; and
- Publish a CT Health Disparities Report.

State Health Disparities Reports

- Important sources of information for policymakers, health advocates, and the public.
- Race/ethnicity are key constructs used to report on disparities in health risks and outcomes.
- How these reports define the terms “race/ethnicity” and interpret health outcome differences has important implications for state health policy recommendations.

What Do We Mean by “Race?”

- Race is not an inherent characteristic of human beings that can reliably be measured.
- “A strict biological definition of race among humans does not exist.” (Garte 2002)

What Do We Mean by “Race?”

- “Evidence from the analysis of genetics indicates that most physical variation, about 94%, lies within so-called racial groups.”
(AAA 1998)
- “Race” as measured in health research reflects a social construct, which is fluid and which has changed over time.

What Do We Mean by “Race?”

- “Race as it is understood in the United States of America was a social mechanism invented during the 18th century to refer to those populations brought together in colonial America.” (AAA 1998)
- The concept of race developed in the context of slavery to justify the exploitation of groups defined as inferior.

What Do We Mean by “Ethnicity?”

- Social group with distinctive social and cultural tradition, whose shared features may be reflected in their health and disease experience. (Last 1995)
- In practice, ethnicity cannot be separated from race in societies with inequitable race relations. (Krieger 2001)

Why Study Race?

“Studying race as a social phenomenon makes for better science and more informed policy debate...The continuation of the collection and scholarly analysis of data serves both science and the public interest. For all these reasons, the American Sociological Association supports collecting data and doing research on race.”

(ASA 2002)

Why Study Race?

“To monitor progress toward and setbacks to racial equality, public health surveillance systems and research necessarily must employ racial/ethnic categories, construed as *socially* meaningful indicators of racial subordination or privilege.” (Krieger, Williams, and Zierler, 1999)

Use of Race/Ethnicity in Public Health

- Health planning and tracking.
- As a risk indicator for health outcomes.
- To improve delivery of health services.
- As a marker of unmeasured differences.

Measurement Issues

- Measurement of race by the US government has been ongoing in the decennial census since 1790, and has reflected a troubled, racist history.
- The categories measured have changed continually over time.

Measurement Issues

- Current federal standards include 5 race categories, allowing report of multiple race, and a Hispanic origin question that precedes the race question.
- Great variation in categories exists at the state level (both between states and within state data collection systems).

Methods

- We searched DPH websites of 50 states and DC from June 14-16, 2006.
- Search terms used: health disparities, multicultural health, minority health, Black, African American, Hispanic, Latino, American Indian, Asian, Pacific Islander.
- Search yielded 17 reports spanning a 16-year period from 1990 – 2006.
- Content analysis – use of the terms race/ethnicity

State Health Disparities Reports

- **California**
- **Arizona**
- **Colorado**
- **Connecticut**
- **Delaware**
- **Illinois**
- **Indiana**
- **Kansas**
- **Louisiana**
- **Maryland**
- **Massachusetts**
- **Minnesota**
- **Nebraska**
- **North Carolina**
- **Pennsylvania**
- **Utah**
- **Wisconsin**

The Use of Race/Ethnicity in State Health Disparities Reports

- Is the term “race/ethnicity” defined?
- Is race/ethnicity described as a social or biological construct?
- Are racial/ethnic subgroups defined?

The Use of Race/Ethnicity in State Health Disparities Reports

- Is a rationale given for reporting health status differences by race and ethnicity?
- Are reported differences explained?

Findings

- 71% of reports did not define the term “race/ ethnicity.”
- 35% described race/ethnicity as a *social* construct.
- 35% defined racial/ethnic subgroups.

Findings

- 76% of reports provided a rationale for reporting health status differences by race/ethnicity.
- 41% explained reported differences.

Conclusions

- States commonly report on “racial/ethnic” differences in health; however, they infrequently:
 - define these terms;
 - define subpopulations studied;
 - offer underlying explanations for why race/ethnicity are important strata by which to monitor health disparities.

Conclusions

- State reports do not make good use of extensive research findings related to factors underlying health disparities; thus, plausible interpretations of the data are lacking.
- States may be missing an opportunity to address structural factors underlying health disparities and to inform health and social policy at the state and local level.

Recommendations

State health disparities reports should:

- Define the terms race/ethnicity as social, political constructs that have changed over time;
- Not imply that race/ethnicity categories are inherent, immutable attributes of individuals;

Recommendations

State health disparities reports should:

- Address the measurement limitations of racial/ethnic data;
- Specify why race/ethnicity is an important marker of population differences;

Recommendations

State health disparities reports should:

- Identify the relevant social factors underlying racial/ethnic differences in health and the causal pathways;
- If possible, measure and report on other relevant social factors underlying racial/ethnic differences in health;

Recommendations

State health disparities reports should:

- Cite specific research evidence for various factors underlying racial/ethnic disparities;
- Avoid contributing to racial/ethnic divisions by reinforcing stereotypical assumptions about underlying differences between groups.

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J. Robert Galvin, M.D., M.P.H., M.B.A.

Commissioner