

# Standardizing Demographic Factors

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Based on the work of the DHHS / Division of Public Health Strategic  
Plan – Disparities: Objective 1 Workgroup

April 19, 2017



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# DHHS / Division of Public Health Strategic Plan – Priority: Reducing Health Disparities

## Objective 1:

### Workgroup Charge:

- Determine key demographic factors relevant to health disparities
- Develop definitions of those factors



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# DHHS / Division of Public Health Strategic Plan – Priority: Reducing Health Disparities

**Objective 1:** Increase the inclusion and standardization of basic demographic factors within Division of Public Health (DPH) programs

**Rationale:** Precise definitions help...

- determine eligibility for federal grant programs
- identify specific target populations
- focus implementation and monitoring
- to make appropriate comparisons across programs and communities



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**Objective 1:** Increase the inclusion and standardization of basic demographic factors within Division of Public Health (DPH) programs

**Rationale:** But also...

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**Objective 1:** Increase the inclusion and standardization of basic demographic factors within Division of Public Health (DPH) programs

**Rationale:** But also... “**Health equity** is the state in which everyone has the opportunity to attain full health potential and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance.”

National Academies of Science, 2017



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*COMMITTEE ON COMMUNITY-BASED SOLUTIONS TO PROMOTE HEALTH EQUITY IN THE U.S.*

- A. HEALTH EQUITY IS CRUCIAL FOR THE WELLBEING AND VIBRANCY OF COMMUNITIES
- B. HEALTH IS A PRODUCT OF MULTIPLE DETERMINANTS
- C. HEALTH INEQUALITIES ARE IN LARGE PART A RESULT OF POVERTY, STRUCTURAL RACISM, AND DISCRIMINATION
- D. COMMUNITIES HAVE AGENCY TO PROMOTE HEALTH EQUITY
- E. ...

Excerpted from Communities in Action: Pathways to Health Equity  
(National Academies of Science, 2017)



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# DHHS / Division of Public Health Strategic Plan – Priority: Reducing Health Disparities

**Objective 1:** Increase the inclusion and standardization of basic demographic factors within Division of Public Health (DPH) programs

**Bottom Line:** Achieving **health equity** requires:

- accurate identification of the population(s) at risk
- monitoring changes in their status



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# DHHS / Division of Public Health Strategic Plan – Priority: Reducing Health Disparities

**Objective 1:** Increase the inclusion and standardization of basic demographic factors within Division of Public Health (DPH) programs

## Results:

- 7 factors: **ethnicity; race; primary language; disability status; gender; age; geographic location (“urban/rural”)**
- Standardized definitions developed
- Second tier of “modifiable” factors (e.g., income, education, veteran status) identified for future work



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# DHHS / Division of Public Health Strategic Plan – Priority: Reducing Health Disparities – Demographic Definitions

## Results

### 1. Ethnicity

- Self-reported when possible: “Are you of Hispanic or Latino origin?”
  - Should be asked **before** Race



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# DHHS / Division of Public Health Strategic Plan – Priority: Reducing Health Disparities – Demographic Definitions

## Results

### 2. Race

- Self-reported when possible: “What is your race?”
  - Minimum options: **White; Black or African American; American Indian or Alaska Native; Asian; Native Hawaiian or other Pacific Islander; Some other race**
  - Discretion to add subcategories (e.g., Karen, Sudanese)
    - The option to select more than one race is recommended



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**JUST WHEN YOU THOUGHT  
IT WAS SAFE...**



<http://www.universalpictures.co.uk/own-it/jaws>

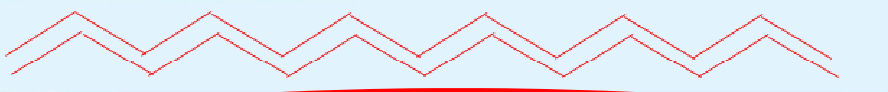
**JUST W  
IT WAS**

**UGHT**

→ NOTE: Please answer BOTH Question 8 about Hispanic ethnicity and Question 9 about race. For this census, Hispanic ethnicities are not races.

8. Is Person 1 Hispanic, Latino, or Spanish?  
Mark all boxes that apply AND print ethnicities in the spaces below.  
Note, you may report more than one group.

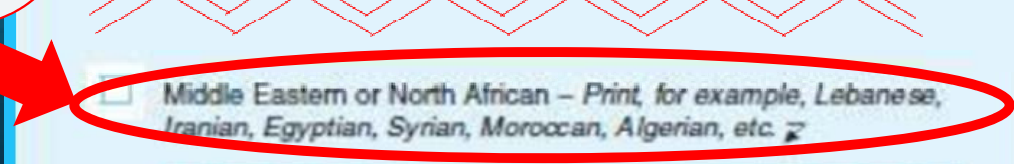
- No, not Hispanic, Latino, or Spanish
  - Yes, Mexican, Mexican Am., Chicano
  - Yes, Puerto Rican
  - Yes, Cuban
  - Yes, another Hispanic, Latino, or Spanish ethnicity – Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. ⌘
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- Middle Eastern or North African – Print, for example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc. ⌘
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- Some other race – Print race or ethnicity. ⌘
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The Census Bureau is testing a “MENA” category for the 2020 census...



**JUST W  
IT WAS**

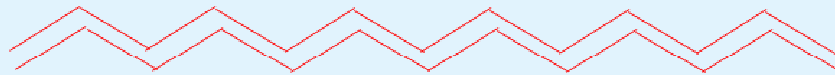
**UGHT**

→ NOTE: Please answer BOTH Question 8 about Hispanic ethnicity and Question 9 about race. For this census, Hispanic ethnicities are not races.

8. Is Person 1 Hispanic, Latino, or Spanish?  
Mark all boxes that apply AND print ethnicities in the spaces below.  
Note, you may report more than one group.

- No, not Hispanic, Latino, or Spanish
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish ethnicity – Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. ↴

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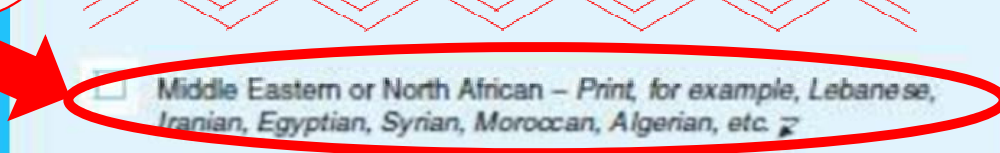
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- Some other race – Print race or ethnicity. ↴

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The Census Bureau is testing a “MENA” category for the 2020 census...



# DHHS / Division of Public Health Strategic Plan – Priority: Reducing Health Disparities – Demographic Definitions

## Results

### 3. Primary Language

- Measure of English proficiency
  - Proficiency more relevant than specific language!
- Self-reported when possible: “How well do you speak English?”
- **Optional:**
  - Whether non-English language spoken at home
  - Name of the language



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## Results

### 4. Disability Status

- Focus on *impact*, rather than specific conditions
- **Preferred:** 6 yes/no questions from the American Community Survey
  - One or more positive answers indicates a disability
- **Acceptable:** 2 yes/no questions from the Behavioral Risk Factor Surveillance System (BRFSS)
- **Minimum:** 1 yes/no BRFSS question



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## Results

### 5. Gender

- Self reported when possible; options limited to Male / Female
- Transgender and other options require additional approval

### 6. Age

- Actual dates preferable to asking “age”
- 4-digit year strongly encouraged
- Response year recorded separate from birth year

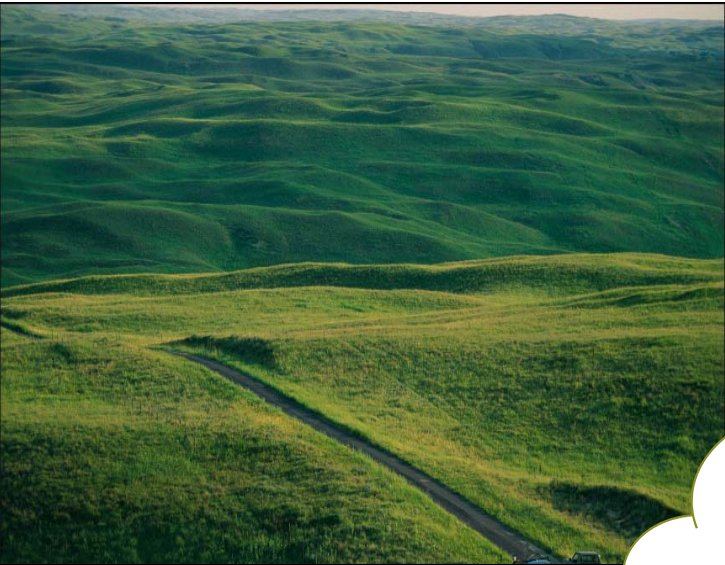


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## Results

7. Geographic location (“urban/rural”)



*Where do you draw the line between "urban" and "rural"?*



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## Results

### 7. Geographic location (“urban/rural”)

- Decision: prioritize *flexibility* over *simplicity*
- County-based method
  - Based on size of largest city and commuting patterns
  - 8 levels (groupings) of counties; can be aggregated
  - Counties should **not** be moved between levels



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## Results

### 7. Geographic location (continued)

- County-based method
- Zip code or census tract-based method
  - smaller units → more precision
  - “Rural-Urban Commuting Area” framework
  - 33 codes (groupings); can be aggregated



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## Potential Impact

Widespread and consistent use of key demographic factors:

- allows more accurate assessments of needs, and program participation and impact
- critical for accurate assessment of health disparities

Consistent definitions:

- improve data collection and precision
- allow comparability of data
- create less confusion among audiences



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# DHHS / Division of Public Health Strategic Plan – Priority: Reducing Health Disparities

**Objective 1 Workgroup:** Jianping Daniels and Debora Barnes-Josiah (co-chairs); Jeff Armitage; Anthony Zhang; Josie Rodriguez; Michelle Hood; Ashley Newmeyer; Sue Medinger; Mary Gordon; Peg Ogea-Ginsburg; Grey Borden; Tom Rauner; Bryan Rettig; Kristen Larsen; Alison Keyser-Metobo; Maya Chilese; Derry Stover.

Thanks to David Drozd (UNO) for key advice.



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“Downtown Tryon, Nebraska”

Questions?



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