

Data Disaggregation to Inform Health Policy



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The Report of the Secretary's Task Force on Black and Minority Health (Heckler Report)



In 1985, the U.S. Department of Health and Human Services (HHS) released a landmark report, the **Report of the Secretary's Task Force on Black and Minority Health** (Heckler Report). It documented the existence of health disparities among racial and ethnic minorities in the United States and called such disparities “an affront both to our ideals and to the ongoing genius of American medicine.” The Office of Minority Health was created in 1986 as one of the most significant outcomes of the Heckler Report.

“Despite the unprecedented explosion in scientific knowledge and the phenomenal capacity of medicine to diagnose, treat and cure disease, Blacks, Hispanics, Native American Indians and those of Asian/Pacific Islander Heritage have not benefited fully or equitably from the fruits of science or from those systems responsible for translating and using health sciences technology.”

The Case for Eliminating Health Disparities



Big Six

(1) Cancer, (2) Cardiovascular disease and stroke, (3) Chemical dependency, measured by deaths due to cirrhosis, (4) Diabetes, (5) Homicide and accidents (unintentional injuries), (6) Infant mortality

Eight

recommendations

(1) Outreach to disseminate health information; (2) Patient education and provider awareness, responsive to cultural needs; (3) Access, delivery, and financing of health services; (4) Health professions development; (5) Cooperative efforts federal and non-federal sector; (6) Technical assistance to communities; (7) Data development; (8) Research agenda

The Office of Minority Health (OMH)

OMH Mission

To improve the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities.

Statutory Authority:
Public Health Service Act §1707
([42 U.S.C. §300u-6](#))

OMH Functions

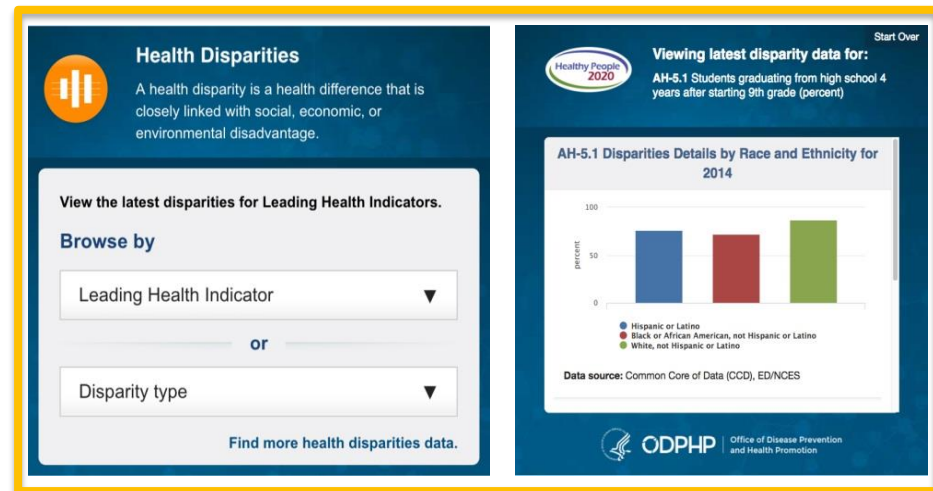


HHS Data Standards

- HHS adopted new standards in 2011. Standards apply to population-based health surveys conducted or sponsored by HHS, in which respondents either self-report information or from a knowledgeable proxy.
- Data collection standards for race, ethnicity, sex, primary language and disability status
- Additional granularity for Hispanic ethnicity and Asian race; Native Hawaiian distinguished from Other Pacific Islander; and addition of Guamanian/Chamorro and Samoan

Health Disparities Data Tool & Widget

Easy way to find health disparities data related to the Healthy People 2020 objectives for the Leading Health Indicators (LHIs).



<https://minorityhealth.hhs.gov/omh/Content.aspx?ID=11397&lvl=1&lvlid=4>

FEATURES

- View charts and graphs of disparities data at your fingertips.
- Sort by disparity type—including disability, education, income, location, race and ethnicity, and sex
- Leading Health Indicator
- Visit minorityhealth.gov to add the widget to your website.

I and II. Race and Ethnicity

Ethnicity Data Standard

Categories

*Are you Hispanic, Latino/a, or Spanish origin
(One or more categories may be selected)*

- a. *No, not of Hispanic, Latino/a, or Spanish origin*
- b. *Yes, Mexican, Mexican American, Chicano/a*
- c. *Yes, Puerto Rican*
- d. *Yes, Cuban*
- e. *Yes, another Hispanic, Latino, or Spanish origin*

} These categories roll-up to the Hispanic or Latino category of the OMB standard

Race Data Standard

Categories

*What is your race?
(One or more categories may be selected)*

- a. *White*
- b. *Black or African American*
- c. *American Indian or Alaska Native*

- d. *Asian Indian*
- e. *Chinese*
- f. *Filipino*
- g. *Japanese*
- h. *Korean*
- i. *Vietnamese*
- j. *Other Asian*

} These categories are part of the current OMB standard

} These categories roll-up to the Asian category of the OMB standard

Native Hawaiian & Pacific Islander National Health Interview Survey

- Partnership with NCHS which also partners with Census Bureau for NHIS data collection (ACS sample frame)
- First federal survey designed exclusively to measure the health of NHPI population.
- The purpose was to improve health data collection for Native Hawaiians and Pacific Islanders and to provide detailed health information that are nationally representative.

Native Hawaiian & Pacific Islander National Health Interview Survey

- Not an oversampling of NHPI
- About 3,000 households
- Public Use File released on March 15th 2017
- <https://www.cdc.gov/nchs/nhis/nhpi.html>

American Indian & Alaska Native Behavioral Risk Factor Surveillance System Oversample

- IAA between OMH and CDC's
- Oversample of AI/AN in the 2017 BRFSS
- Conduct an oversample using the 2017 BRFSS in 11 states with the highest population of AI/AN: Alaska, Arizona, Minnesota, Montana, Nebraska, New Mexico, North Carolina, North Dakota, South Dakota, Oklahoma, and Wisconsin
- The top 5 tribes in each state will be surveyed

American Indian & Alaska Native Behavioral Risk Factor Surveillance System Oversample

- The data will provide a current view of the health status of American Indian communities
- Officially released in the field January 2017
- Determine the prevalence of health risk behaviors
- Assess comparable national, state and local data on key health indicators
- Raw data will be made available to Tribal EpiCenters

Contact Information

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