



**NATIONAL
PARTNERSHIP
FOR ACTION**

to End Health Disparities

Compendium of Federal Data Sources Relevant to Disparities-Related Work

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BACKGROUND

Disparities in America



Young people from racial and ethnic minority groups in the United States suffer disproportionately from a number of preventable diseases and health problems.

America's estimated 2.5 million gay seniors are twice as likely to live alone, four times less likely to have adult children to help them, and far more fearful of discrimination from health care workers.



Older adults may not be aware of the services recommended for their age group or may not know that the services are covered by Medicare.

American Indians and Alaska Natives have a lower life expectancy than other Americans perhaps due to economic adversity and poor social conditions.



Health Disparities

“A **health disparity** is a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial and/or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

-National Stakeholder Strategy, Health and Human Services (HHS) Plan, and Healthy People 2020

Health Equity

“**Health equity** is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.”

-National Stakeholder Strategy, Healthy People 2020 and Health and Human Services (HHS) Plan

Social Determinants of Health

External factors that influence health outcomes are known as the **Social Determinants of Health**. Examples include:



Housing



Transportation



Environment



Education



Food Security



Jobs



Health
Care



Nutrition

The National Partnership for Action to End Health Disparities (NPA)

A **national movement** that will increase the effectiveness of programs and mobilize partners, leaders, and stakeholders with the goal of eliminating **health disparities**.



NPA Partners

- Support the NPA by **leveraging resources** and expanding the NPA's reach
- Form **working partnerships** to eliminate overlap and redundancies in programs and campaigns
- Include:
 - ✓ Health care systems
 - ✓ Employers and business organizations
 - ✓ National associations
 - ✓ Policy and practice centers
 - ✓ Federal, state, tribal and local agencies

A National Movement to End Health Disparities

- Health disparities affect everyone, particularly racial and ethnic minorities
- Ending health disparities can lead to a healthier nation
- A national movement to end health disparities is necessary
- This national movement will establish partnerships and link the public and private sectors

Federal Commitment

- The NPA involves government agencies through the **Federal Interagency Health Equity Team (FIHET)**
- Collaborating agencies include:
 - ✓Agriculture
 - ✓Commerce
 - ✓Consumer Product Safety Commission
 - ✓Defense
 - ✓Education
 - ✓Environmental Protection Agency
 - ✓Health and Human Services
 - ✓Housing and Urban Development
 - ✓Justice
 - ✓Labor
 - ✓Transportation
 - ✓Veterans Affairs

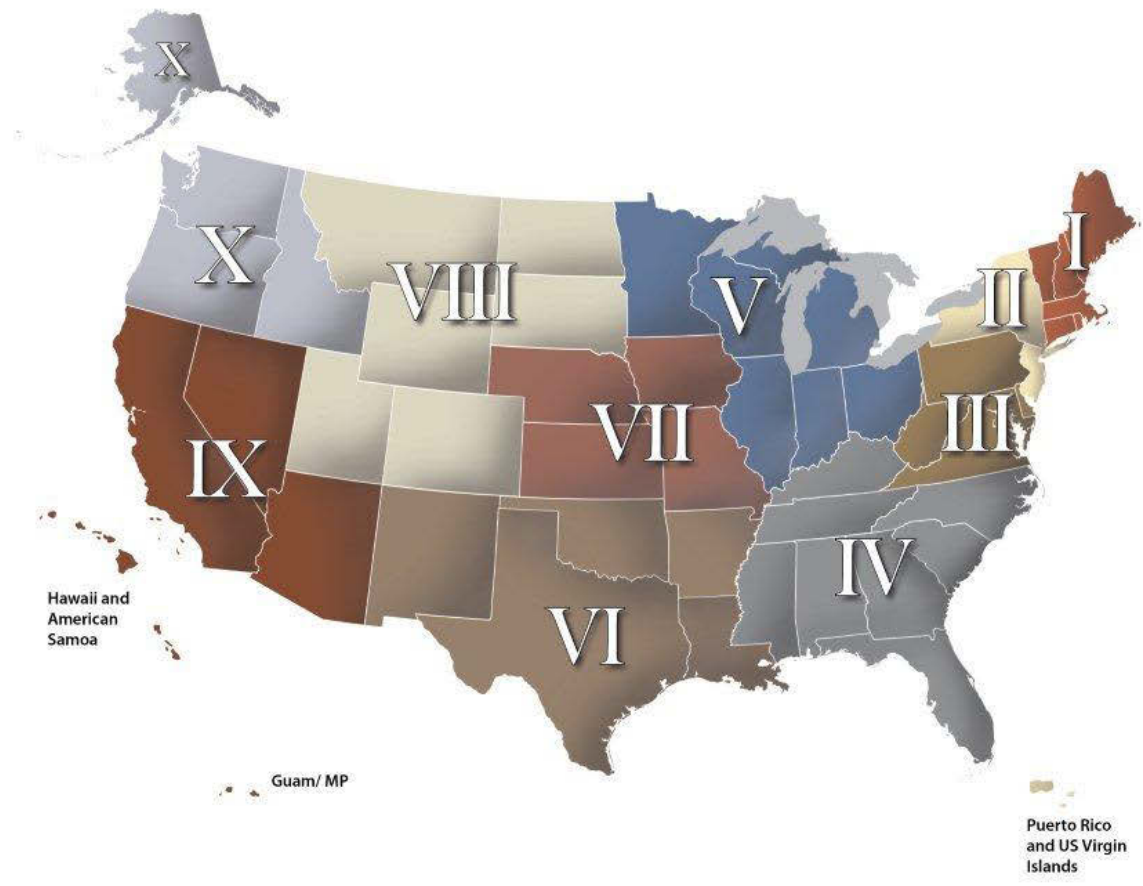
Regional Movements

Ten **Regional Health Equity Councils** (RHECs) have been established to:

- Mobilize regional action around common issues
- Leverage federal, regional, state, and local resources
- Infuse NPA goals and strategies into policies and practices
- Support and enhance state and community efforts
- Share stories and successes across the country



Regional Health Equity Councils



The FIHET: A Closer Look

The purpose of the FIHET is to:

1. Identify opportunities for federal collaboration, partnership, coordination, and/or action on efforts relevant to the NPA and NSS
2. Provide leadership and guidance for Federal, regional, state, and local efforts to address health equity
3. Infuse health disparities and health equity goals and strategies into internal member agency policies and practices

FIHET DATA WORK

Compendium of Federal Datasets- Purpose

- Develop a resource that facilitates identification and use of data relevant to research and programs aiming to end health disparities.
- To provide easy access to publicly available data through a single, updated source of information.

Objectives

- Update and build on data sharing efforts.
- Create a database to support work addressing health and social disparities in a meaningful way.
- Encourage data collection to address data gaps and use of existing data across and outside the Federal government.

Office of the Assistant Secretary for Planning and Evaluation

Directory of Health and Human Services Data Resources

[INTRODUCTION to Directory of Data Resources](#)

OFFICE OF THE SECRETARY

Office for Civil Rights

- [Community Service Assurance Reporting System \(CSARS\)](#)

http://www.hhs.gov/

OFFICE OF THE SECRETARY

Office for Civil Rights

- [Community Service Assurance Reporting System \(CSARS\)](#)

Office of the Assistant Secretary for Planning and Evaluation

- [National Study of Assisted Living for the Frail Elderly](#)
- [National Survey of Homeless Assistance Providers and Clients](#)
- [Congressionally Mandated Evaluation of the State Children's Health Insurance Program \(SCHIP\)](#)

ADMINISTRATION FOR CHILDREN AND FAMILIES

- [Emergency Temporary Assistance for Needy Families Data Report System \(ETDR\)](#)
- [Federal Child Care Information System \(FCCIS\)](#)
- [Head Start Program Information Report \(HSPiR\)](#)
- [The Adoption and Foster Care Analysis and Reporting System \(AFCARS\)](#)
- [The National Child Abuse and Neglect Data Systems \(NCANDS\)](#)
- [Runaway and Homeless Youth Management Information System \(RHYMIS\)](#)
- [University Affiliated Programs National Information and Reporting System \(NIRS\)](#)
- [Annual Survey of Refugees](#)

Center for Substance Abuse Treatment

- [National Treatment Outcomes Monitoring System \(NTOMS\)](#)

APPENDIX

- Appendix A: Reporting Form

Comments/suggestions about the Database Directory web pages should be directed to the [Database Directory Web Master](#).

Last Revised: February 25, 2003

[ASPE Home](#) | [HHS Home](#) | [Questions?](#) | [Contacting HHS](#) | [Accessibility](#) | [Privacy Policy](#) | [FOIA](#) | [Plain Writing Act](#) | [No FEAR Act](#) |
[Disclaimers](#)
[The White House](#) | [USA.gov](#) | [Flu.gov](#)

U.S. Department of Health & Human Services – 200 Independence Avenue, S.W. – Washington, D.C. 20201

Field Categories Identified for Each Data Source Listed

- Data Source and URL
- Brief Description
- Examination Component(s)
- Population Target
- Socioeconomic Variables
- Geographic Estimates
- Years of Data Collected
- Availability for Use
- Periodic Reports
- Comments

BRIEF DEMO

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	A	B	C	D	
1	U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA)				
2					
3	Data Source	Brief Description	Examination Components	Population Target	Socioe
7	Air Quality System (AQS)	The Air Quality System (AQS) database contains measurements of air pollutant concentrations from throughout the United States and its territories. The measurements include both criteria air pollutants and hazardous air pollutants.	Key components: ambient air pollution data collected by EPA, state, local, and tribal air pollution control agencies from thousands of monitoring stations, meteorological data, descriptive information about each monitoring station (including its geographic location)	Populations in proximity to monitoring stations	None
9	Safe Drinking Water Information System (SDWIS)	The Safe Drinking Water Information System (SDWIS) contains information about public water systems and their violations of EPA's drinking water regulations.	Key components: drinking water supplier, violations and enforcement history	Public water systems, states	None
10	Toxic Release Inventory (TRI)	The Toxics Release	Key components: 650	US pop	None

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2									
3	Geographic estimates	Years of Data Collected	Availability for Use	Periodic Reports	Comments				
	Latitude and longitude, city, county, state, tribe	January 1, 1980 to present	http://www.epa.gov/ttn/airs/airsaqs/	Yes					
7									
8									
9	Geography search by state and a water system ID search	1993 to present	http://www.epa.gov/enviro/facts/sdwis/search.html	Yes, annual					
10									
	zip code, state/County, tribe	1986 to present	http://www2.epa.gov/ttwis-release	Annually					

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A B C D

1 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

2 CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

3

4 NOTE: OMB categories include white, black, or African-American, Asian, Native Hawaiian and other Pacific islanders, American indian or Alaska Native. Hispanic

5

Data Source	Brief Description	Examination Components	Population Target	Social
6	7	8		

<p>NHIS - National Health Survey Interview http://www.cdc.gov/nchs/nhis.htm</p>	<p>NHIS has monitored the health of the nation since 1957. NHIS data on a broad range of health topics are collected through personal household interviews. For over 50 years, the U.S. Census Bureau has been the data collection agent for the NHIS. Survey results have been instrumental in providing data to track health status, health care access, and progress toward achieving national health objectives. NHIS provides information annually on the health status of the U.S. civilian non-institutionalized population through confidential interviews conducted in households. It provides data for analyzing health</p>	<p>Personal interviews</p>	<p>35,000 to 51,000 households per year. Beginning in 2006, oversample includes blacks, hispanics and Asians. Sample adults are oversampled if 65+ and one of these minorities</p>	<p>Racial use fr Black Amer Nativ race Data race Haw Samo Islan Chin Kore are n use fr reaso Use</p>
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2						
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4	panic origin is asked as a separate question.					
5						

	Socioeconomic Variables	Geographic estimates	Years of Data Collected	Availability for Use	Periodic Reports	Comments
6						
7						
8						

	Racial Categories on the public use file are: White only, Black/African American only, American Indian/Alaska Native only; Asian only, Other race only, and Multiple Race. Data is gathered on additional race categories (Native Hawaiians, Guamanian, Samoan, Other Pacific Islanders, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese) which are not included on the public use file for confidentiality reasons. Ethnic Categories are: Hispanic (Multiple Hispanic	The sampling plan is redesigned after every decennial census. The current sampling plan was implemented in 2006. It has many similarities to the previous sampling plan, which was in place from 1995 to 2005. The first stage of the current sampling plan consists of a sample of 428 primary sampling units (PSU's) drawn from approximately 1,900 geographically defined PSU's that cover the 50 States and the District of Columbia. A	1957 - Collected on annual basis	Public use files, usable without restrictions	Yes. http://www.cdc.gov/nchs/data/factsheets/factsheet_nhis.htm	Largest in-person health survey.
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Microsoft Excel ribbon showing tabs: Home, Insert, Page Layout, Formulas, Data, Review, View, Acrobat. The ribbon includes groups for Clipboard, Font, Alignment, Number, Styles, Cells, and Editing.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)

Data Source	Brief Description	Examination Components	Population Target	Socioeconomic Variab
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CAHPS - Consumer Health Assessment Of Health Plans Survey http://cahps.ahrq.gov/	<p>CAHPS Health Plan survey collects information on enrollees' experiences with health plans and their services. The database contains commercial and Medicaid survey results submitted by various sponsors, including public and private employers, State Medicaid agencies, State Children's Health Insurance Programs (CHIP), and individual health plans since 1998.</p>	<p>Measures patient experience: Getting Needed Care, Getting Care Quickly, How well doctors communicate, Health plan information and customer service. Four global ratings. Patients rating of their health plan, health care, personal doctor and specialists.</p>	<p>Adults and Children. Commercial, Medicaid and Medicare</p>	<p>Race, ethnicity, age, education, self report health status.</p>
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CAHPS Clinician & Group Database	<p>The CAHPS Clinician & Group Surveys ask patients about their recent experiences with clinicians and their staff. The Clinician and Group data contains survey data submitted by practice sites and practice groups on patient experiences with doctors and medical groups by region, physician specialty, practice ownership and affiliation. number of visits by practice and survey</p>	<p>Getting timely appointments, care, and information, How well providers (or doctors) communicate with patients, Helpful, courteous, and respectful office staff, Patients' rating of the</p>	<p>Adults and Children. Clinician practice sites and medical groups</p>	<p>Race, ethnicity, age, education, health sta</p>
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Cells: Insert, Delete, Format

Editing: AutoSum, Fill, Clear, Sort & Filter, Find & Select

	E	F	G	H	I	J	K	L	M
3									
4	Socioeconomic Variables	Geographic estimates	Years of Data Collected	Availability for Use	Periodic Reports	Comments			
5									
6									
7	Race, ethnicity, age, education, self reported health status.	National, Regional	2000-2011	Research files available upon request	Results are reported in the Fall of each year from 2000-2011. Data intake and reporting will resume July 2013				
8									
9	Race, ethnicity, age, education, health status.	National, Regional	2010 -2013	Research files available upon request	Results are reported annually.				
10									

Key Activities/Steps Toward Product Development & Finalization

- Compiling list of data sets
- Retrieving relevant information to populate spreadsheet
 - Identifying variables of interest in the data sets
- **Reviewing draft compendium**
 - **Agencies**
 - **Specific committees**
- **Finalizing product and making it available**



Deliverables Timeline

Task	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Task 1. Design project plan and Objectives													
Task 2. Identification and compilation of data sets													
Create Excel template and category definitions													
Task 3: Retrieve relevant information to populate spreadsheet													
Gather data sources from Data Subcommittee													
Prepare and Present at FIHET Meeting													
Gather data sources from FIHET at large													
Collect data from Agencies not represented on FIHET													
Task 4: Review draft product													
Edit and prepare database													
Review by specific agencies													
Task 5: Finalize Product													
Post and distribute database													
Task 6: Monitor and update													

Product Release and Dissemination

- Post on SharePoint
- Disseminate to the 10 RHECs and their members
- Disseminate to NPA partners
- Disseminate to State Offices of Minority Health
- Disseminate through FIHET and non-FIHET Agencies for potential use by their grantee networks

Discussion Topics

- Relevant efforts in your organizations
- Relationship between this effort and *data.gov* and *healthdata.gov*
- Dissemination ideas
- Comments and suggestions

Final Messages

- We hope this product will be useful for research, to inform programs and strategies, and to alert health care professionals and the public.
- The inclusion of datasets from Federal agencies besides HHS is a new and major feature of this product.

Acknowledgments

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Thank you!

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