

# NHANES Open Space

## September 11-12, 2003

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**Session Title:** Health Disparities /SES in new ways

**Session Headlines:**

Need creative ways to measure SES and disparities--multiple risk factors that are broader than the way they are currently done

McCarthy Foundation has a ladder: 2 kinds of questions: 1) How you feel you stand in your community? 2) And how you stand today? In low-income groups, receptiveness varies somewhat. Difficult concept to measure

No one thing can do the job—score tool or model that's been validated based on several info sources such as income, education, community traits such as violence patterns...National score of interest. Capture several components of SES—not just income of interest, but community characteristics that are applicable.

Item differential functioning varies in communities. Family measures of use in SES score considering reliability and validity across age, cultural groups

Environmental and community factors combined could be the basis for the score.

Impact of many factors on health—need time frame of interest or reference.

Social mobility over time and expectations over time—poor medical student versus future potential or older person with no income now but has accumulated wealth/assets.

NCHS has a health disparities group related to HP 2010 working on health disparity index looking at race, ethnicity, age, gender, disability. NCHS initiative to develop a measure at mid-course and 2010 such as a disparity index. Denominator: Use total population as denominator? Identified population? Another series of proposals is coming. Mostly with NHIS data. Ken Keppel is NCHS contact

AHRQ has a study on disparities going through clearance –mandated by Congress. See website for info on process. Uses variety of measures including age, gender.

Access to care: Some DC wards have no access to health specialists; so Eastern shore of MD.

NHANES has access to care questions in survey. Links to other data systems at HRSA or other groups—of interest

NCI program is looking at health disparities.

Facility presence does not equate to utilization

How to reach diverse populations? Primary data on outcomes, differences in care provided exist but not on factors that contribute to disparities.

NHANES disparity measure of income often not answered completely. What other indicators can be used? Education also collected and can be a surrogate for income. NHANES has used imputation methods in the past too. Argues for a composite measure such as a score or index...

Perception of social class status not asked in NHANES. Something similar to what is used in UK—one's perception of SES and status in the community.

Class status and power are separate dimensions related to SES. Also social support mechanisms are useful

Expectations of change in social status useful too.

Alternatives to race/ethnicity? Multiple race categories more common today. Should NHANES have race-specific estimates, design?

Want to be able to examine differences in race/ethnic groups. Social-political construct is relevant to race. Health disparities measures are constrained by design of the Survey.

Try to understand mechanisms behind disparities and factors that are associated with them.

AHRQ grappled with issues dealing w/measurement of disparity—Is it race or something else?

Asian subpopulations: Cultural factors impact on disparities in health care utilization—Western vs. traditional medicine

Established and “newly arrived” groups in communities—longitudinal and migration studies

Acculturation questions administered to Hispanics in NHANES

Only release U.S., Mexico, and countries with large numbers for place of birth

Are there unique features of biomarkers that could link to SES? Oral health and dental findings might be useful, BP, uncorrected visual and sensory impairments

Hispanic population changes in many regions—still largely Mexican Americans.

## **Next Steps/Action Items:**

- Investigate disparity indices
- Planning group/work group—determine how others define and measure disparity. Some info from int'l groups exists (more homogeneous pops)
- NCHS uses more race/ethnic basis—What do other groups use?
- Biologic Nutritional markers could be part of an index—iron deficiency, CRP? Vitamin D, as a cascade, progressive index
- Community & environmental markers could be linked here—stress levels