



# Health Equity Science at NCHS

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## Statistical Notes

From the CENTERS FOR DISEASE CONTROL AND PREVENTION/National Center for Health Statistics

### Health Status Indicators: Differentials by Race and Hispanic Origin

Christine Plepys and Richard Klein

# advancedata

FROM VITAL & HEALTH STATISTICS OF THE NATIONAL CENTER FOR HEALTH STATISTICS

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE • Public Health Service | Number 32 • August 22, 1978

### Sociodemographic and Health Characteristics of Persons by Private Health Insurance Coverage and Type of Plan: United States, 1975<sup>1</sup>

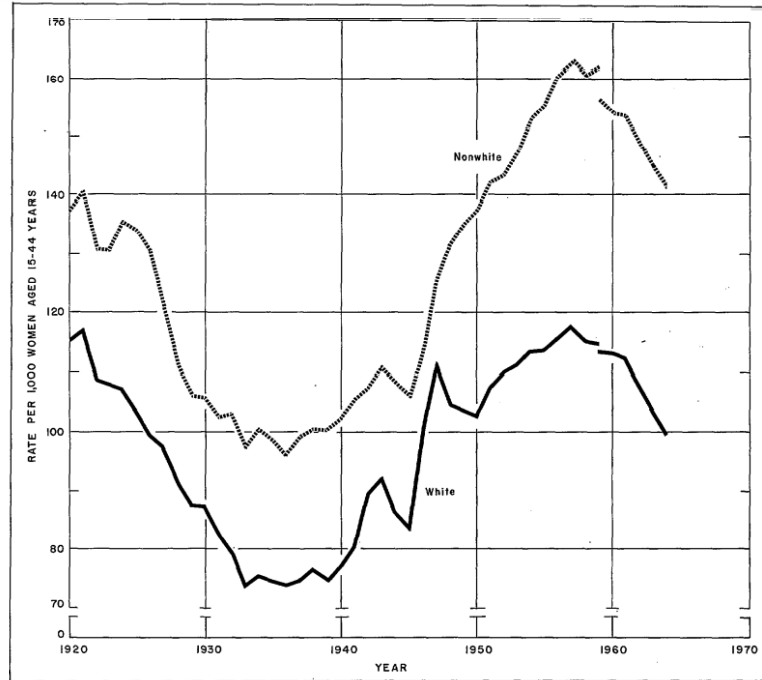


Figure 6. Fertility rates by color.

(Rates per 1,000 women aged 15-44 years. For 1959-64 based on registered live births; for 1920-59, on live births adjusted for underregistration)

# Hearing Levels of Adults

## by Race, Region, and Area of Residence

### United States - 1960 - 1962

Distribution by race, region, area, age, and sex of hearing thresholds for the better ear in excess of 15 decibels and 5 decibels or more below audiometric zero as determined by pure-tone air-conduction audiometric tests at frequencies of 500, 1000, 2000, 3000, 4000, and 6000 cycles per second.

NCHS has a long history of measuring disparities

# Health, United States, 2015

With Special Feature on Racial and Ethnic Health Disparities

This report was updated on June 22, 2017 to reflect corrections to the 2014 mortality data. Changes appear in the highlighted areas of the individual PDF and spreadsheet versions of Tables 17, 18, 19, 20, 29, 30, and 31, and Figure 3 (also updated in the PPT file). For more information about the corrections to the 2014 mortality data, please refer to "Deaths: Final Data for 2014," available from: [https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65\\_04.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf).



## National Health Statistics Reports

Number 147 ■ November 12, 2020

### Urban-rural Differences in Visits to Office-based Physicians by Adults With Hypertension: United States, 2014–2016

by Danielle Davis, M.P.H., and Pinyao Rui, M.P.H.

### Healthy People Statistical Notes



Number 27

February 2016

### Measuring Progress Toward Target Attainment and the Elimination of Health Disparities in Healthy People 2020

by Makram Talih, Ph.D.; and David T. Huang, Ph.D., M.P.H., C.P.H., Office of Analysis and Epidemiology

NCHS Data Brief ■ No. 221 ■ November 2015

### How Does Cause of Death Contribute to the Hispanic Mortality Advantage in the United States?

Elizabeth Arias, Ph.D.; Kenneth D. Kochanek, M.A.; and Robert N. Anderson, Ph.D.

NATIONAL CENTER FOR HEALTH STATISTICS

## Health E-Stats

MARCH 2021

### Drug Poisoning Mortality, by State and by Race and Ethnicity: United States, 2019

by Arialdi M. Miniño, M.P.H., and Holly Hedegaard, M.D.

## National Health Statistics Reports

Number 154 ■ April 28, 2021

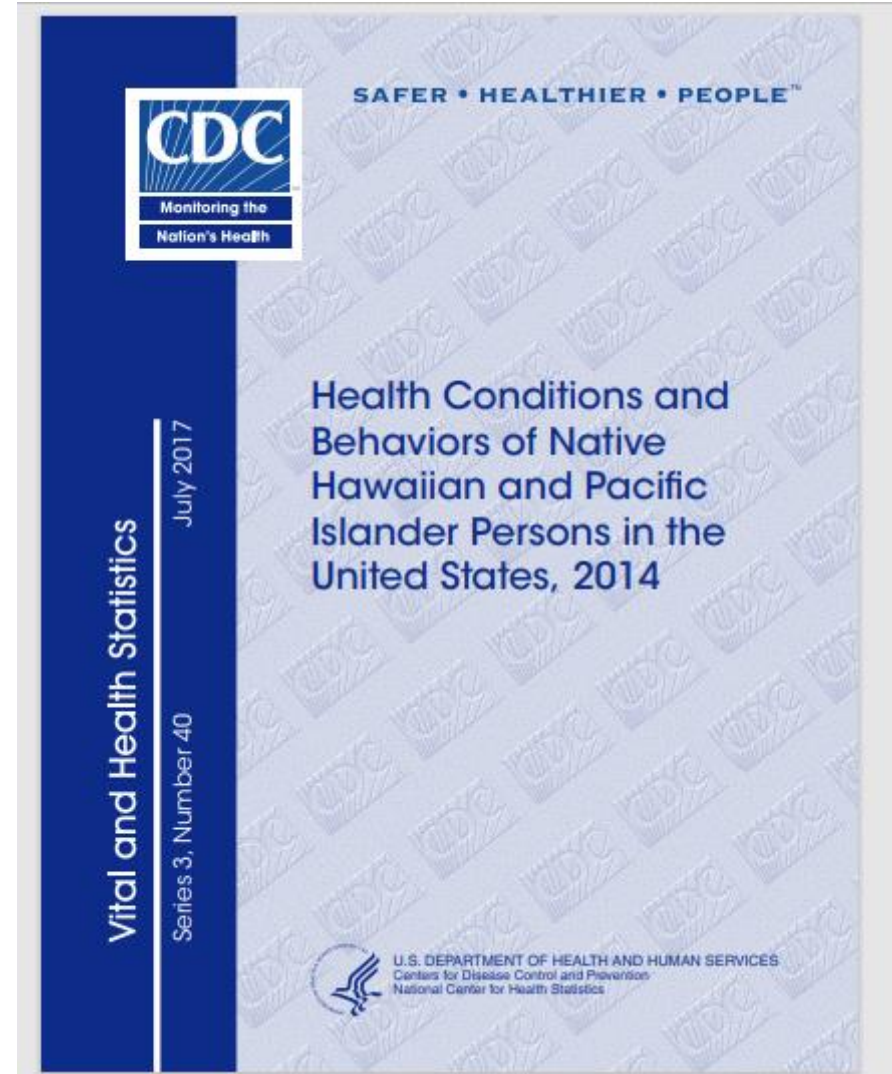
### Race and Hispanic-origin Disparities in Underlying Medical Conditions Associated With Severe COVID-19 Illness: U.S. Adults, 2015–2018

Christine Kim, Ph.D., M.S.P.H., Bryan Stierman, M.D., M.P.H.,  
Craig M. Hales, M.D., M.P.H., and Cynthia L. Ogden, Ph.D., M.R.P.

Still going!



1982-84 Hispanic Health and Nutrition Survey

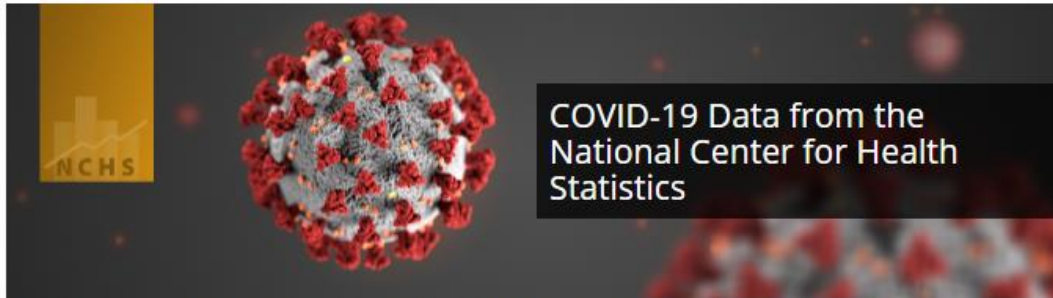


2014 NHPI National Health Interview Survey

# NCHS COVID-19 data and health disparities

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NEED AND IMPACT



## COVID-19 Data from the National Center for Health Statistics

NCHS collects, analyzes, and disseminates information on the health of the nation. In response to the COVID-19 pandemic, NCHS is providing the most recent data available on deaths, mental health, and access to health care, loss of work due to illness, and telemedicine from the vital statistics system, the NCHS Research and Development Survey, and through a partnership with the U.S. Census Bureau.

For general information including symptoms, testing, and community safety, visit <https://www.cdc.gov>.

[Articles on NCHS Response to Coronavirus Disease 2019 \(COVID-19\)](#)



### Deaths

Access provisional death counts based on information obtained from death certificates.



### Cause-of-Death Certification

Guidance for certifiers on how to report deaths due to COVID-19 on death certificates.



### Births and Pregnancies

Access provisional data on births and COVID-19 cases among pregnant women and newborns.



### Health Care Access, Telemedicine, and Mental Health

Data from NCHS' partnership with the U.S. Census Bureau on the Household Pulse Survey.



### Health Care Access, Telemedicine, and Loss of Work Due to Illness

Data from NCHS' research survey RANDS during COVID-19.



### Hospital Data

Data from NCHS' National Hospital Care Survey describing patient care in hospital-based settings.



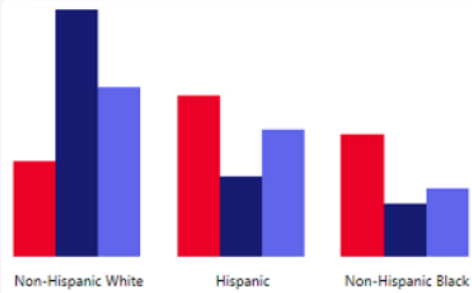
### Long-term Care and COVID-19

COVID-19-related data for residential care communities and adult day services centers

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## NCHS COVID-19 data:

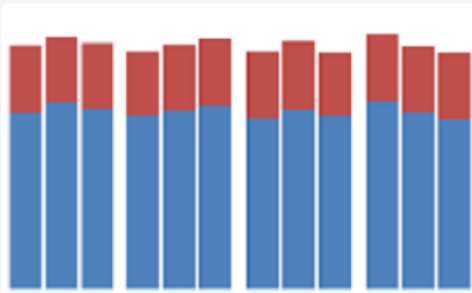
- 8 releases of provisional or novel data over last year
- All releases include age and sex at minimum but most include race/ethnicity
- Pulse also includes sexual orientation and gender identity
- Most include measures of locality, namely urbanicity



### Health Disparities: Race and Hispanic Origin

Visualizations of deaths involving coronavirus disease 2019 (COVID-19) by race and Hispanic origin group and age.

Updated Wednesdays, by 5 p.m. EST



### Excess Deaths Associated with COVID-19

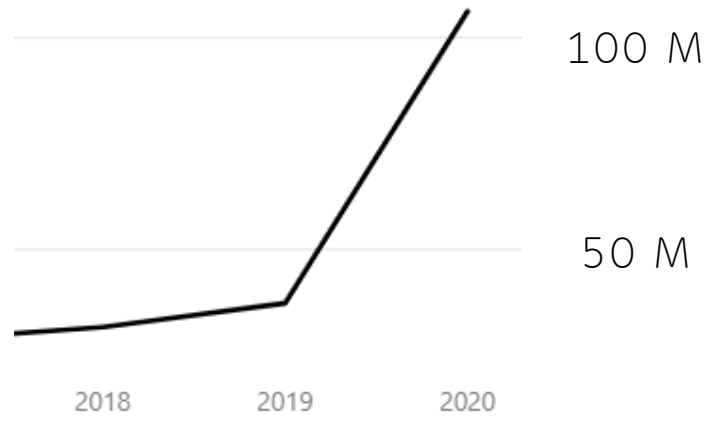
Visualizations of estimates of excess deaths related to the COVID-19 pandemic.

Updated Wednesdays, by 5 p.m. EST

Providing data for  
action:  
COVID-19  
mortality data  
and health  
disparities

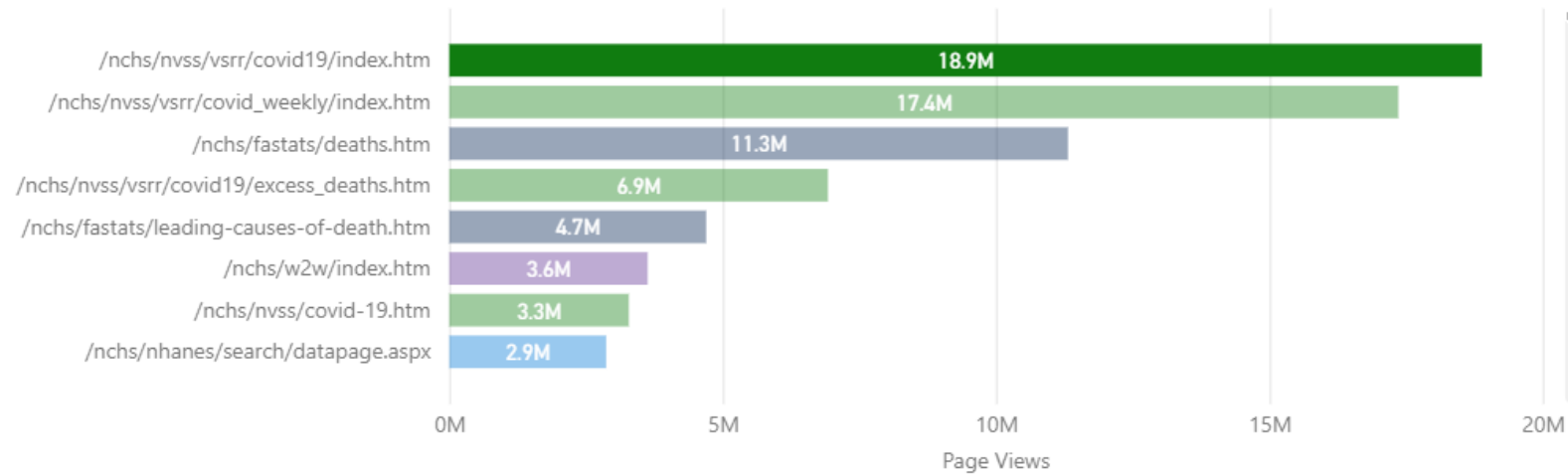
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## NCHS web page visits



# Impact

### Most Popular Pages: January 2020–September 2021





# Excess Deaths Associated with COVID-19, by Age and Race and Ethnicity — United States, January 26–October 3, 2020

Weekly / October 23, 2020 / 69(42);1522–1527

On October 20, 2020, this report was posted online as an MMWR Early Release.

Lauren M. Rossen, PhD<sup>1</sup>; Amy M. Branum, PhD<sup>1</sup>; Farida B. Ahmad, MPH<sup>1</sup>; Paul Sutton, PhD<sup>1</sup>; Robert N. Anderson, PhD<sup>1</sup> ([View author affiliations](#))

[View suggested citation](#)

## Summary

### What is already known about this topic?

As of October 15, 216,025 deaths from COVID-19 have been reported in the United States; however, this might underestimate the total impact of the pandemic on mortality.

### What is added by this report?

Overall, an estimated 299,028 excess deaths occurred from late January through October 3, 2020, with 198,081 (66%) excess deaths attributed to COVID-19. The largest percentage increases were seen among adults aged 25–44 years and among Hispanic or Latino persons.

### What are the implications for public health practice?

These results inform efforts to prevent mortality directly or indirectly associated with the COVID-19 pandemic, such as efforts to minimize disruptions to health care.

From late January to early October 2020, the U.S. had 299,000 more deaths than the typical number during the same period in previous years (excess deaths)

At least  
**2 out of 3**  
of these excess deaths were  
from COVID-19

The largest percentage increases were  
among people who were **Hispanic or  
Latino** and **adults aged 25–44**

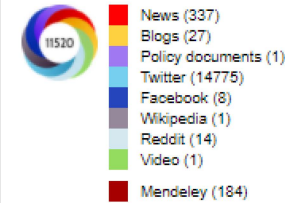
CDC.GOV

bit.ly/MMWR102020

MMWR

## Article Metrics

### Altmetric:



Citations: 88

Views: 774,475

*Views equals page views plus PDF downloads*

[Metric Details](#)

### Figures

[Figure 1](#)

[Figure 2](#)

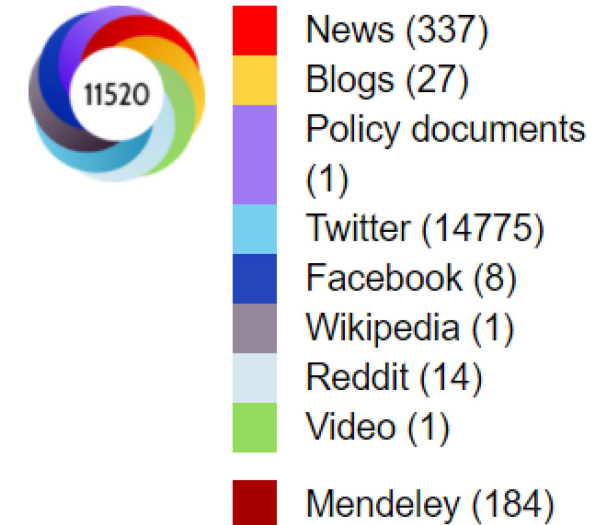
[Figure 3](#)

[References](#)

## Related Materials

## Article Metrics

### Altmetric:



Citations: 88

Views: 774,475

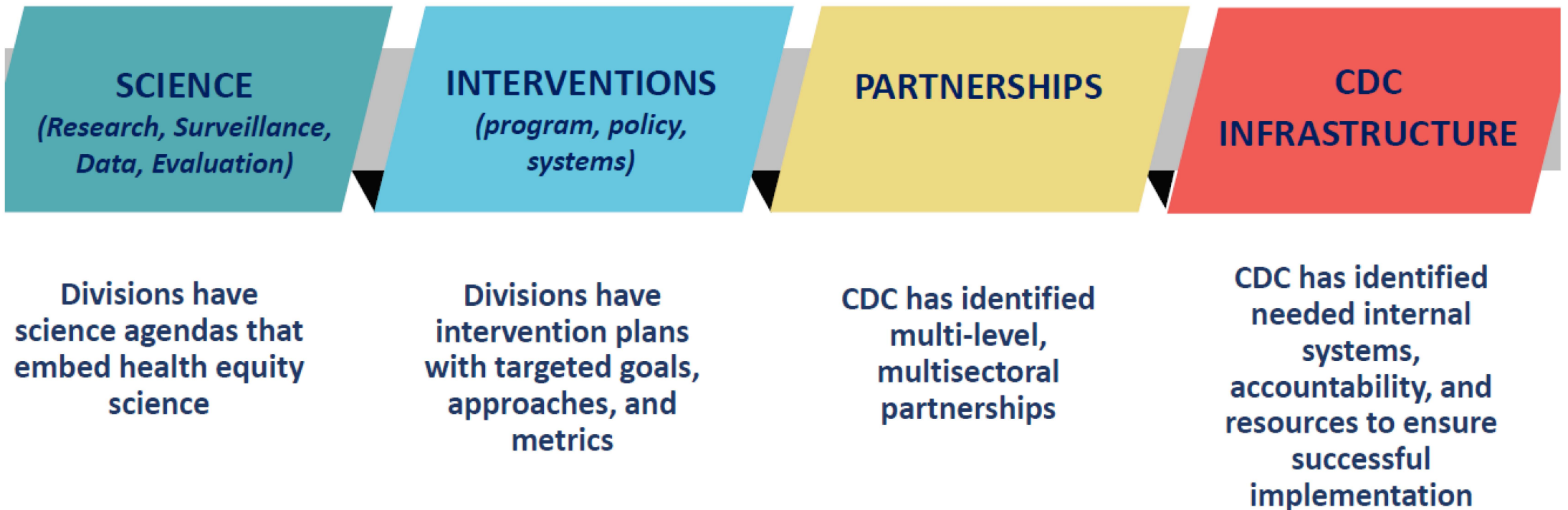
*Views equals page views plus PDF downloads*

# CDC's Health Equity Strategy and NCHS

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WHERE ARE WE HEADED?

*CDC has developed and initiated implementation of a comprehensive, agency-wide Health Equity Strategy that includes:*



# CORE goal considerations

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Don't keep  
doing more of  
the same thing

Move

Shift from  
markers of  
health  
disparity and  
health equity  
to drivers

Innovate

Think boldly!

# CORE goal process

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NCHS SUBMITTED 19 GOALS  
ACROSS 6 DIVISIONS



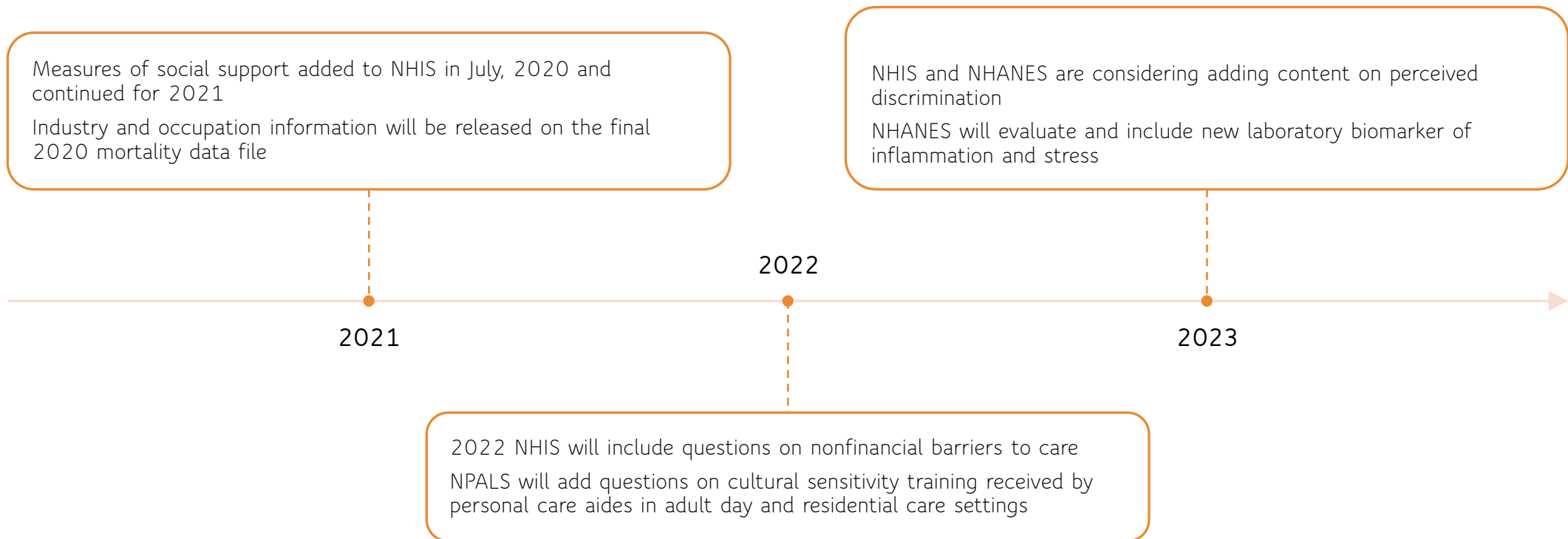
WE RECEIVED FEEDBACK  
FROM CORE TEAM REVIEW  
AND ADJUSTED



NEXT STEPS INVOLVE GOAL  
IMPLEMENTATION AND  
TRACKING

# Improving data on drivers of disparities

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# Gender identity data collection

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By July 2023, using a range of methodologies, NCHS will identify and evaluate various question sets related to health equity

- January 1, 2022 - NHIS will include questions on gender identity among sample adults
- First year in NHIS will be experimental, testing various question approaches

## **NHIS 2022 Split Ballot Experiment**

**Sex:** What sex were you assigned at birth, on your original birth certificate?

**Gender 1:** Do you currently describe yourself as male, female, or transgender?

**Gender 2:** Do you currently describe yourself as a man, as a woman, or in some other way?

# Gender identity question evaluation

Led by NCHS's Collaborating Center for  
Questionnaire Design and Evaluation

Cognitive testing with at least 60 adults and 80  
teenagers

Online field tests

Measurement issues include:

- Question wording
- Placement of the questions within the questionnaire
- Differences between self and proxy reporting
- Impact of the mode of administration
- Translations and item functioning in non-English interviews



# Other CORE goal activities

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EXPANDED COLLECTION AND  
DISSEMINATION OF DATA



DATA LINKAGE



STATISTICAL MODELING AND  
ANALYTICS

# Other activities

NCHS Diversity Committee Health Equity  
Research Day - July, 2021

Reconstitution of NCHS Health Equity Interest  
Group - September, 2021

DMI projects

Participation and representation on various  
HHS and CDC subcommittees



Questions or input?

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