



# Using Data to Advance Health Equity

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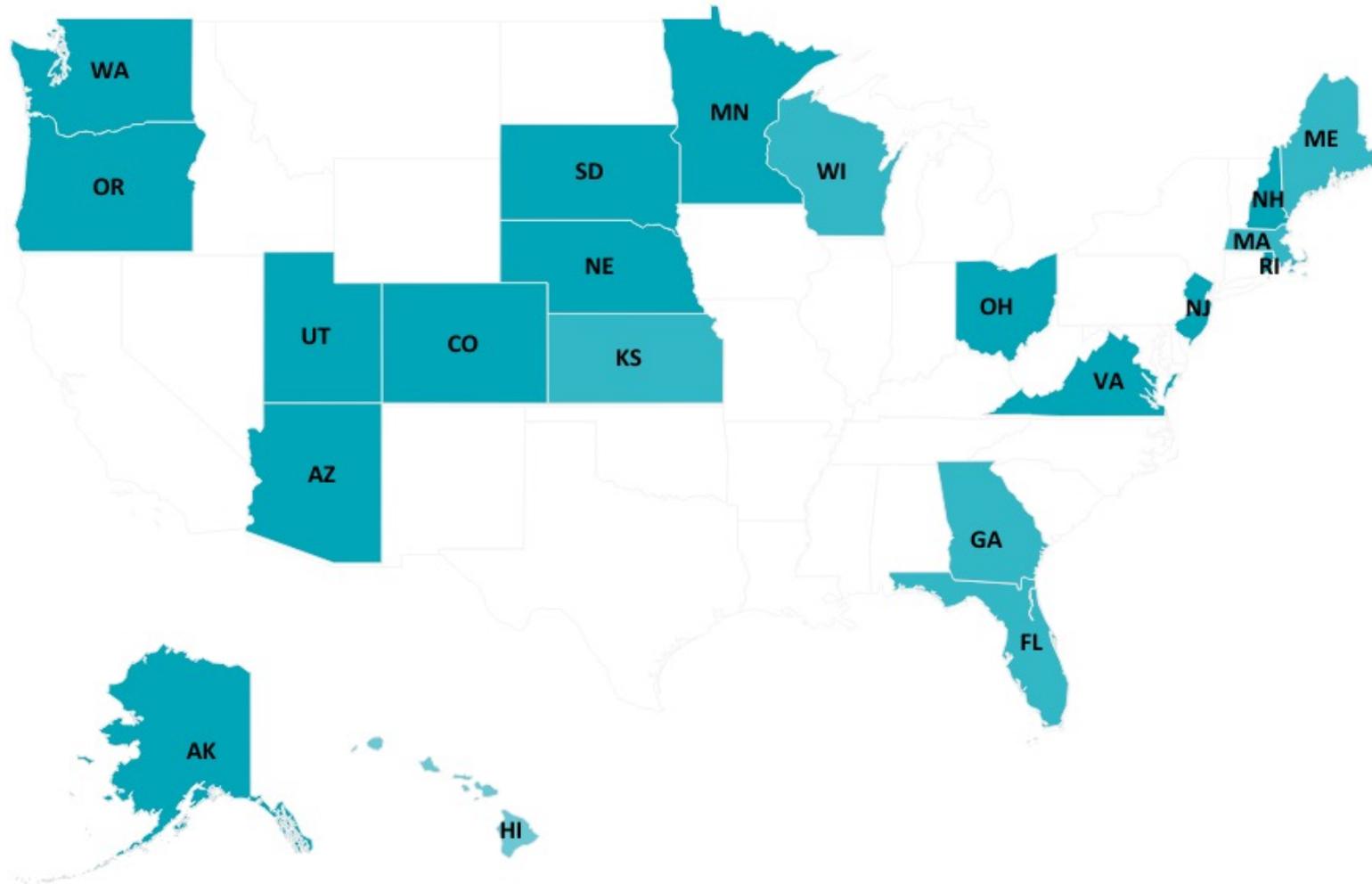
Georgetown CCF Child Health Policy Conference • July 21, 2021

# Data Drives Action

- **Identifies Disparities:** Disaggregated data is key to documenting and exploring differences between groups.
- **Informs Interventions:** Timely and accurate demographic data allow decision makers to target services and resources based on the unique needs of specific communities.
- **Monitors Impacts:** Data is necessary to monitor and demonstrate impact of interventions or progress towards a goal.
- **Influences Public Policy:** Publically available data can empower advocates to drive change in their communities.

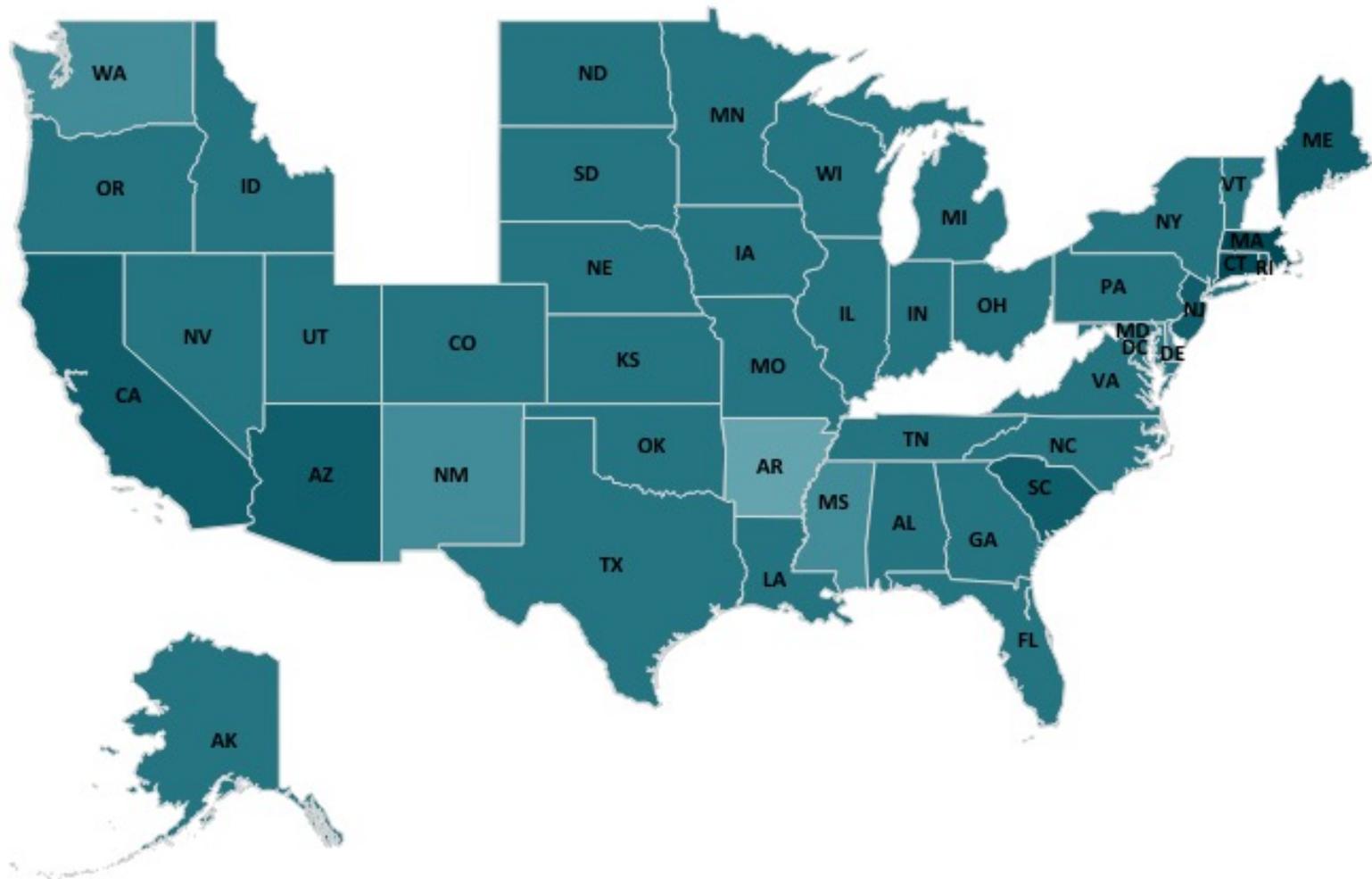
# COVID-19 Highlighted Need for More Disaggregated Data

*States Reporting COVID-19 Hospitalizations by Race/Ethnicity*



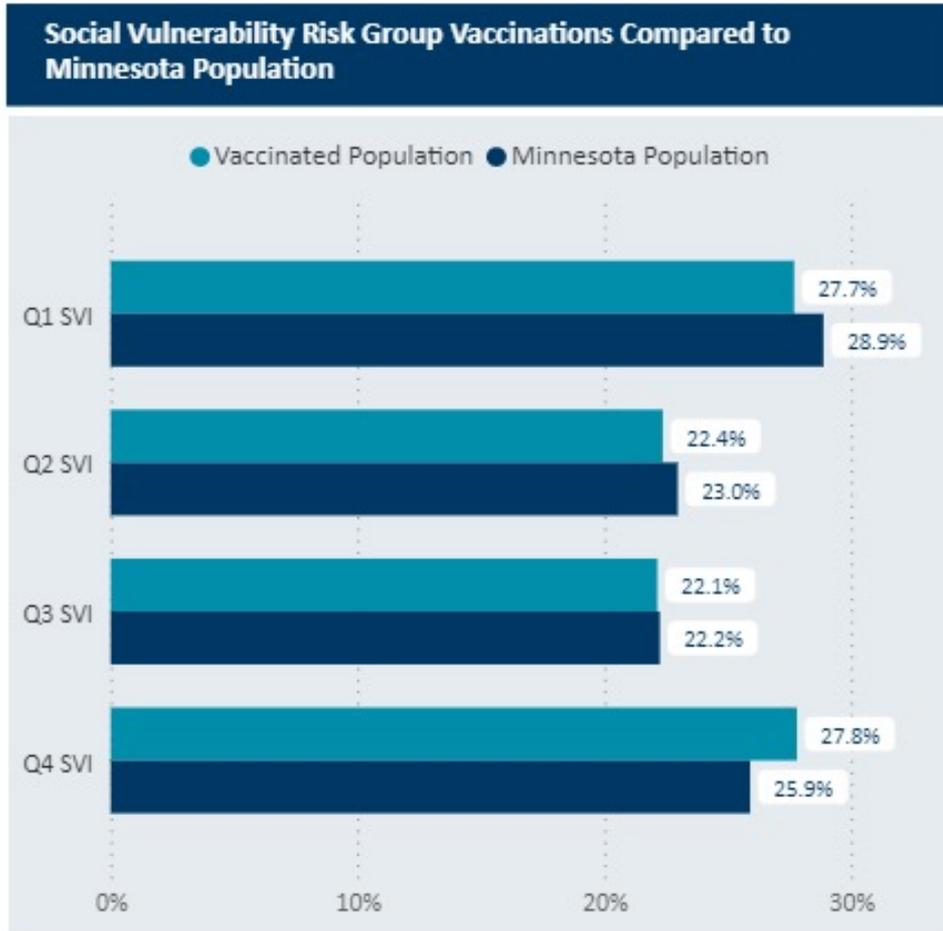
*Source: SHADAC analysis of states' COVID-19 data reporting on 11/6/2020*

# States Reporting COVID-19 Vaccine Administration by Race/Ethnicity



Source: SHADAC analysis of states' COVID-19 data reporting 6/3/2021

# Data in Action: Minnesota's COVID-19 Health Equity Metric

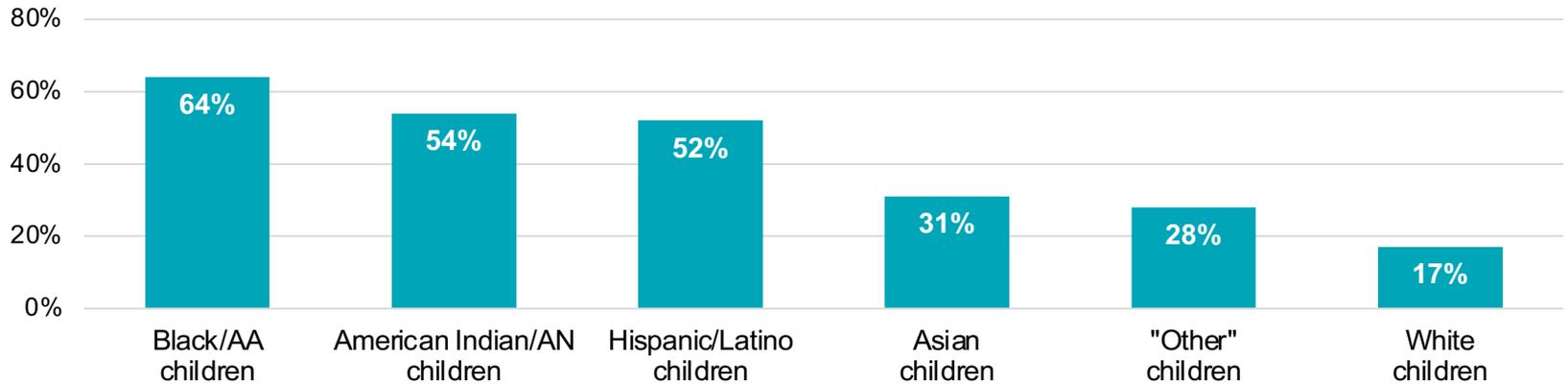


*This chart compares the share of the vaccinated population to Minnesota's population. Where upper bars are shorter than lower bars, a group is being vaccinated at a lower rate than proportionate to their share.*

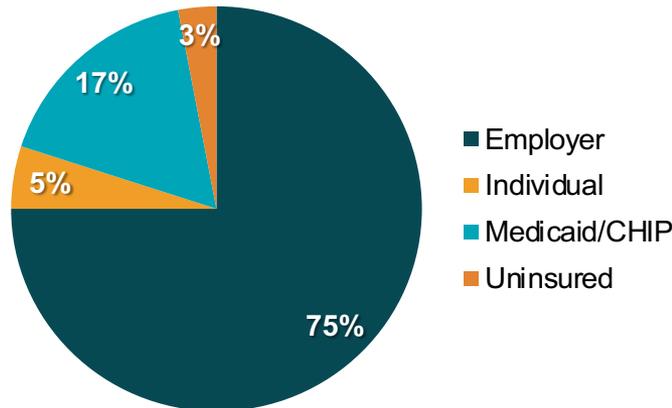
*Minnesota's equity allocation goal for the state is that 40% of all doses administered should be prioritized to the communities hit hardest by the COVID-19 pandemic.*

# Importance of Race/Ethnicity Data in Medicaid

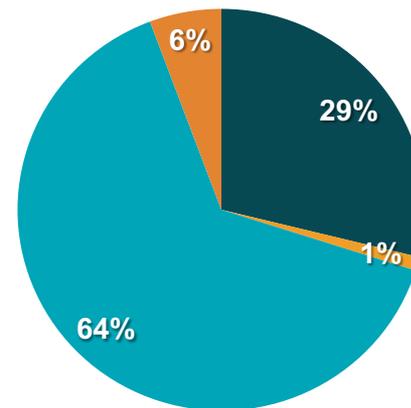
Percent of Minnesotan Children with Medicaid as Source of Coverage, by race, 2018



White Minnesotan Children Source of Coverage, 2018



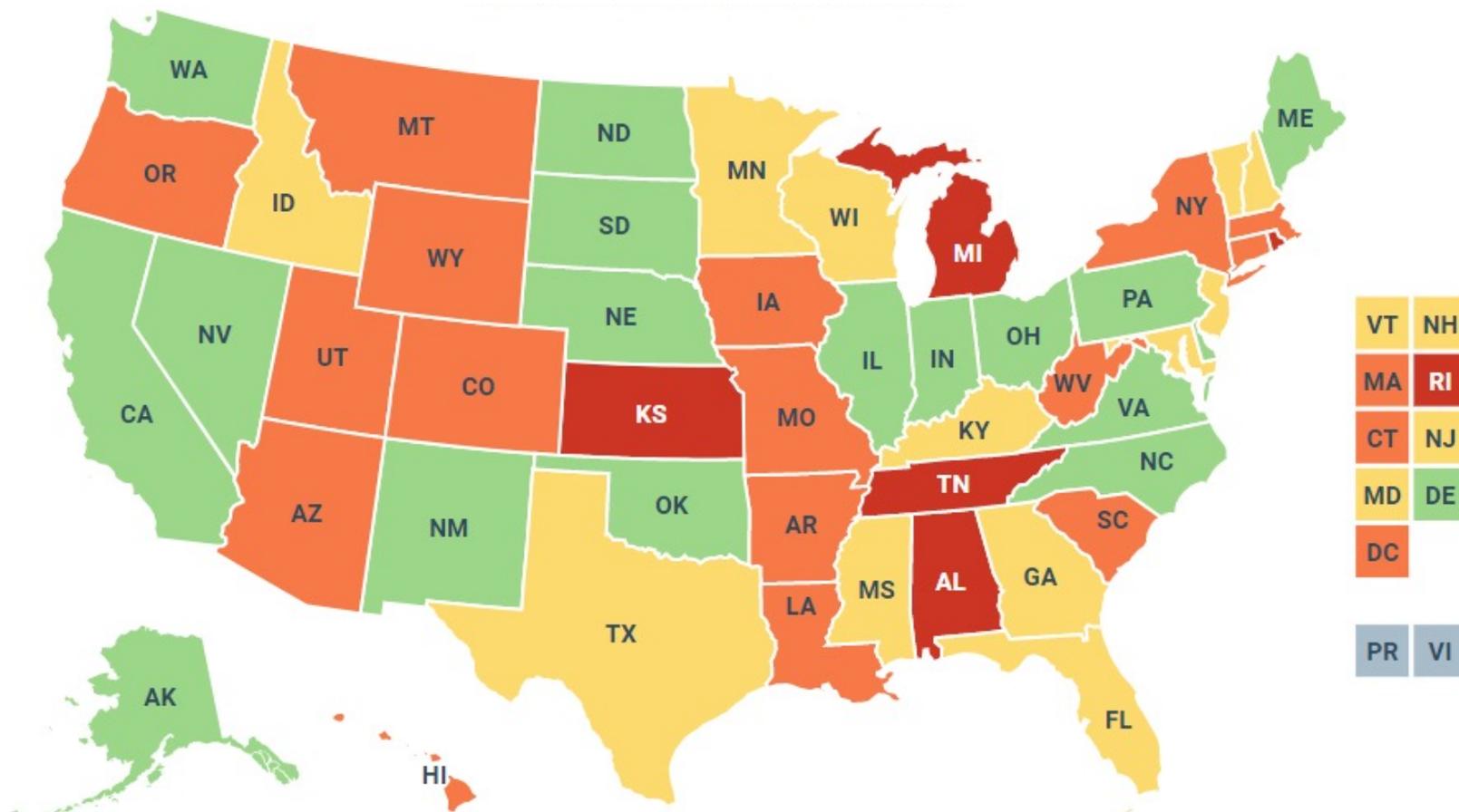
Black Minnesotan Children Source of Coverage, 2018\*



**Note:** \*Adjustments were made to account for low sample

**Source:** SHADAC analysis of the 2018 American Community Survey (ACS) Public Use Microdata Sample (PUMS) files. 6

# Missing Race and Ethnicity Data in the 2018 T-MSIS Analytic File (TAF)



**Notes:** Green = low concern; yellow = medium concern; orange = high concern; red = unusable; white = unclassified.

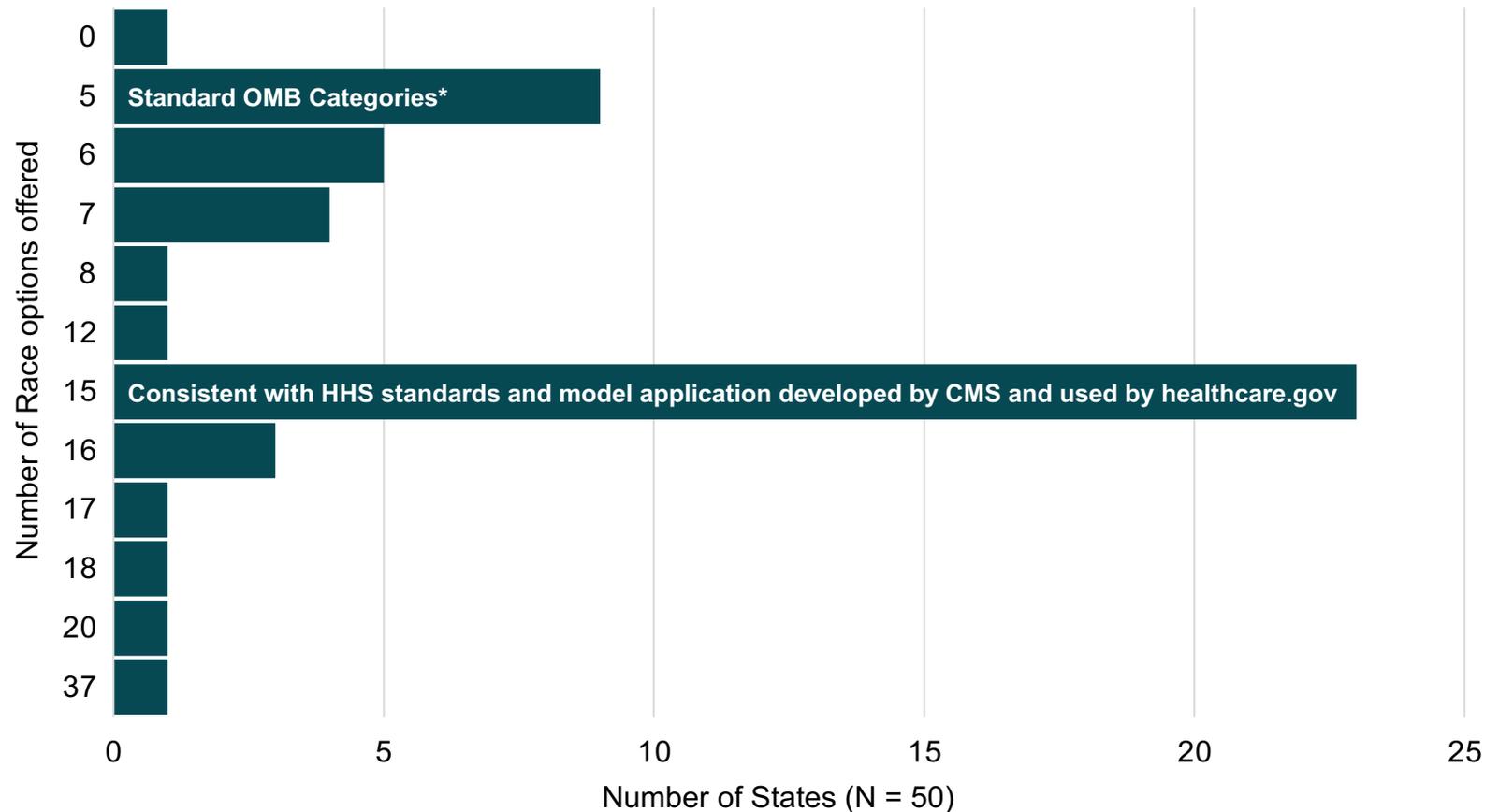
**Source:** Medicaid.gov. (n.d.). DQ Atlas: Race and Ethnicity [2018 Data set: Version 1]. Available from <https://www.medicaid.gov/dq-atlas/landing/topics/single/map?topic=g3m16>. Accessed July 14, 2021.

# Collection of REL Data in Medicaid

- SHADAC's recent report found wide variation in the type and granularity of race, ethnicity, and language (REL) data collected across state Medicaid agencies in terms of:
  - Question structure
  - Answer options
  - Instructional language
  - Language preferences



# Number of Race Options Provided on Paper Medicaid Applications



*\*Standard OMB Categories: White, African American/Black, Asian, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander*

# Oregon Question Structure



## STEP 6 Demographic questions to help us serve you better — OPTIONAL

Person 1, continued from previous page.

12. What is Person 1's ethnic or racial identity? Check all that apply.

**American Indian or  
Alaska Native:**

- American Indian
- Alaska Native
- Canadian Inuit, Metis or First Nation
- Indigenous Mexican, Central American or South American

**Asian:**

- Chinese
- Vietnamese
- Korean
- Hmong
- Laotian
- Filipino/a
- Japanese
- South Asian
- Asian Indian
- Other Asian

**Black or African  
American:**

- African American
- African (black)
- Caribbean
- Other black

**Hispanic or Latino/a:**

- Mexican
- Central American
- South American
- Other Hispanic or Latino

**Native Hawaiian or  
Pacific Islander:**

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Micronesian
- Tongan
- Other Pacific Islander

**White:**

- Western European
- Eastern European
- Slavic
- Middle Eastern
- Northern African
- Other white

**Other:** \_\_\_\_\_

- Unknown
- Decline to answer

If more than one ethnic or racial identity is chosen, please CIRCLE the one that best represents this person's primary identity.

# Reasons for Missing Race/Ethnicity Data

- **Lack of mandatory reporting standards:** Federal government provides guidance but does not mandate REL standards.
- **Voluntary reporting:** States cannot require race/ethnicity information as a condition of eligibility.
- **Broad racial and ethnic categories may not reflect the local population:** Individuals are more likely to complete the question if they recognize options that correspond to their racial and ethnic identities.
- **Mistrust about how data will be used:** This may be especially true in the context of public charge rules, and sensitives related to how this type of data collection might relate to immigration status.

# Opportunities to Improve Demographic Data Collection

- **Engage enrollees:** Proactively seek advice from stakeholders about why data are not being provided and how to improve data collection.
- **Engage navigators/enrollment assisters:** Develop communications and training strategy focused on importance of data collection.
- **Modify the enrollment/renewal interface:** For online forms, require enrollees to provide an answer before proceeding to the next screen (the answer can be “decline to answer”).
- **Explore alternative data sources:** Use other data sources (e.g., managed care organizations, vital records, or other state agencies) to fill gaps or validate Medicaid data.

**Thank you!**

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