



Considerations and Assessment of Measures of Discrimination for Use in NCHS Surveys

NCHS BSC Workgroup to Consider and Assess Measures of Discrimination for Use in NCHS Surveys

Kristen Olson, Workgroup Chair

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Workgroup members

BSC Members

- Kristen Olson, Chair
- Scott Holan
- Helen Levy
- Andy Peytchev
- C. Matthew Snipp
- David Williams

NCHS Members

- Stephen Blumberg
- Anjani Chandra
- Denys Lau

NCHS Staff Support

- Jonaki Bose
- Cheryl Fryar
- Kristen Miller
- Tina Norris
- Jennifer Parker
- Paul Scanlon
- Anjel Vahratian

Today's Tasks

- Review of the Workgroup charge and summary of activities
- Provide the Workgroup findings under the two main areas
- Discuss
 - The findings
 - Anything that should be added
- Vote on Workgroup findings and make recommendations to NCHS

NCHS' Questions for the Workgroup's Consideration

- **Part A. Feasible and practical.**

- Given the limited space available on the NHIS, NSFG and NHANES, does the BSC consider this an achievable goal for NCHS?
- If so, what are the most important contributions NCHS can make by including measures of discrimination on the NHIS, NSFG, and/or NHANES?
- How best can NHIS, NSFG, and NHANES data collection contribute to research and/or surveillance efforts related to racism and discrimination?
- Should NCHS surveys have a focus on discrimination in health care settings or consider experiences of discrimination more generally?
- Given similarities and differences in the purposes and core content of NHIS, NSFG, and NHANES, should discrimination content (if any) be similar or different across NCHS surveys?

Questions for the Workgroup's Consideration (cont)

- **Part B. Methodological Considerations.**
 - Should the surveys measure the perceived reason (attribution) for discrimination? If so, is a one or two stage approach recommended for measuring discrimination on NCHS surveys? A two-stage approach first solicits information about experience with discrimination and then asks questions about the reasons why respondents think such experiences occurred.
 - If attribution is assessed, would it be beneficial to include “mark all that apply” options?
 - Would it be beneficial to adopt an intersectional approach to measuring discrimination? If yes, what would be the best way to accomplish this based on the number and nature of questions/response options recommended?

Questions for the Workgroup's Consideration (cont)

- **Part B. Methodological Considerations.**

- What would be the most appropriate scale to use for a face-to-face interviewer administered survey like the NHIS? Does the recommendation change if self-response is an option, as can be done using computer-assisted self-interviewing (CASI) within NHANES and NSFG?
- What is the most appropriate reference/recall period for cross-sectional surveys such as NHIS, NHANES, and NSFG?
- Are there other aspects of the measurement of discrimination that should be taken into consideration when being included on NCHS surveys (e.g., how to best handle comprehension, skipping/don't know, etc.)?
- Is additional developmental research needed? For example, would using open-ended question follow-ups and/or cognitive interviewing be beneficial to ascertain how respondents comprehend discrimination/unfair treatment?

Parameters discussed by the Workgroup to aid relevance and discussion

- Discrimination is an important psychosocial stressor contributing to health disparities. There are many aspects of discrimination, racism, and ruminative or anticipatory stress that may be at play.
- Each survey may vary in the amount of “real estate” that can be devoted to the questions or scales that are under consideration.
- NCHS will evaluate questions under consideration using standard testing and evaluation methodologies to inform the design and administration of any items that may be used.

Workgroup activities

- Six internal workgroup meetings including two panel meetings
- Review of existing literature on discrimination measures
- Two panel meetings to gather information
 - **CDC Stakeholders**
 - LCDR **Rashid Njai**, PhD, Lead, Minority Health and Health Equity Science Team, CDC, with “Perspectives from CDC’s Office of Minority Health and Health Equity”
 - **Tina Norris**, PhD, Data Scientist, Division of Health Interview Statistics, with an “Overview of Existing Discrimination Measures and Possible Applications for NCHS Surveys”

Workgroup activities (continued)

■ Subject Matter Experts

- **Margaret Hicken**, MPH, PhD, Research Associate Professor, Survey Research Center and Division of Nephrology, Dept of Internal Medicine, Michigan Medicine; Faculty Associate, Population Studies Center, University of Michigan
- **Tené Lewis**, PhD, FABMR, FAHA , Associate Professor, Department of Epidemiology, Emory University Rollins School of Public Health
- **Gilbert Gee**, PhD, Professor, Department of Community Health Sciences, UCLA
- Drafted memo to track member discussions and Findings Report to convey the results of Workgroup discussions

Question 1: Feasible and Practical

- **Achievable goal?**
 - Yes, the inclusion of discrimination measures is an achievable goal for NCHS.
- **Most important contributions?**
 - No nationally representative benchmark study collected on a regular time frame containing self-reported discrimination measures and their associations with health is currently available.
 - States and localities need a national benchmark
- **Contribution to Discrimination Research and/or Surveillance**
 - Inclusion of measures of discrimination will allow for evaluating associations with a broad range of health outcomes
 - Regular data collection of discrimination questions on important subgroups will allow for detecting signals of changes in reports
 - Expansion of novel measures beyond discrimination to those reflecting anticipatory stress and vigilance during social interactions may also be useful

Question 1: Feasible and Practical—continued

- **Health care or General Discrimination**
 - Global experiences and within healthcare context are likely to be important
 - Need measures of experiences of discrimination across multiple domains, including but not limited to health care settings
- **Similarity of Discrimination Content Across Surveys**
 - It would be valuable to have a small core set of identical questions asked on all surveys.
 - How many items depends on (1) which constructs (discrimination, heightened vigilance), (2) how many items are needed to measure the breadth of these constructs, (3) survey real estate

Question 2: Methodological Considerations

- **One-stage or two-stage approach**
 - This is a key methodological decision.
 - Asking about experiences of discrimination even without attribution to the “main reason” for the discrimination is valuable.
- **Check-all-that-apply attribution and intersectional approach**
 - If the “main reason” for experiencing discrimination is assessed, then allowing the respondent to identify multiple reasons is important.
 - It may be worth evaluating existing scales through cognitive testing or other qualitative work to identify if items reflect experiences of individuals with varying social identities.

Question 2: Methodological Considerations – continued

■ **Mode of Administration**

- More experimental work is needed to evaluate effect of mode – especially face-to-face vs. ACASI on discrimination measures.
- Prior work suggests race-of-interviewer effects on racial discrimination questions.

■ **Reference/Recall Period**

- Some scales don't have an explicit reference period.
- Evidence suggests that respondents may forget distant experiences of discrimination, suggesting a more recent reference period may be more useful.

■ **Other aspects of measurement / additional developmental work**

- There are numerous areas for future work, many of which are noted in the Workgroup's Findings Report.

Discussion



Proposed Language for Board Consideration

- The Board accepts the findings from the report from the NCHS BSC Workgroup to Consider and Assess Measures of Discrimination for Use in NCHS Surveys.
- The Board recommends that NCHS include measures of discrimination in the NHIS, NHANES, and NSFG, based on question evaluation and testing, amount of time available in each survey, and review of the literature.
- The Board recommends that NCHS include measures of heightened vigilance in the NHIS, NHANES, and NSFG, based on question evaluation and testing, amount of time available in each survey, and review of the literature.