

Welcome to:
Health Equity Science and Data for Action

Hosted by the Centers for Disease Control and Prevention's (CDC)
Office of Health Equity (OHE)



Session Description and Learning Objectives

- **Session Description:** Health equity science is needed in order to achieve health equity, which is when everyone has a fair and just opportunity to attain their highest level of health. Equitable data practices and health equity science principles must be applied to ensure full and accurate representation of marginalized populations and ensure the development and implementation of effective and equitable public health practices to address health disparities.
- **Learning Objectives:** At the end of this session, participants will be able to:
 - List at least three practical applications of the Principles of Health Equity Science for Public Health Action.
 - Name at least one way CDC's work in data modernization applies health equity science principles.
 - Explain the importance of equitable data practices for at least two different population demographics.

Agenda for Meeting

- **Moderator Messages** – Sarah Anderson, CDC Office of Health Equity (OHE) Policy
- **Introduction to Health Equity and OHE**, Jeffrey E. Hall, Acting Deputy Director, OHE
- **Principles of Health Equity Science for Public Health Action**, Ana Penman-Aguilar, Associate Director for Science, OHE
- **Translating Health Equity Science Principles into Data for Action**, Kristie Clarke; Senior Advisor on Data for Health Equity; Office of Public Health Data, Surveillance, and Technology
- **Partner Presentations**
 - Johns Hopkins University Disability Health Research Center
 - Papa Ola Lōkahi
- **Question and Answer Session**
- **Resources and Survey**

Logistics and Accessibility Information

- Slides will be shared with participants following the webinar.
- Please feel free to put any questions you have into the Q&A box at the bottom of your Zoom screen. Q&As will only be visible to participants if the question is answered. We likely will not have time to get to every question, but the slides will include numerous resources and ways for you to contact CDC if you require further assistance.
- CART: <https://www.streamtext.net/player?event=17235HealthEquityScienceandDataforAction>
- ASL Interpretation and Spanish Simultaneous Translation are available. Click the "Interpretation button" at the bottom of your Zoom screen.
- Some external sites may not be accessible. Please email OHE@CDC.gov if you have questions or need accommodations

This information will be put in the chat.

Welcome Messages and Introduction to CDC's Office of Health Equity

Jeffrey E. Hall Ph.D., M.A., M.S.P.H., C.P.H.
Acting Deputy Director, OHE

CDC Office of Health Equity (OHE)

Mission and Vision

- **Mission:** The Office of Health Equity exists to ensure health equity is embedded in an all-of-public health approach to overcoming persistent health disparities and health inequities across a range of population groups that disproportionately experience poor health outcomes.
- **Vision:** All people have the opportunity to attain the highest level of health possible.



<https://www.cdc.gov/healthequity/>

Office of Health Equity Partner Webinar Series

- October 2023: [Respiratory Virus Season and Health Equity: Information about Respiratory Syncytial Virus \(RSV\), COVID-19, and Flu | Health Equity | CDC](#)
- January 2024: [Promoting Equity in Health Communications | Health Equity | CDC](#)
- Blog posts with more information about the work of our partners: [Conversations in Equity | Blogs | CDC](#)
- Slides from each webinar are available in English and Spanish

Connect With Us!

- [**Subscribe to Health Equity Partner Updates**](#): Subscribe to this email list for updates and information about events related to the CDC Office of Health Equity.
- [**Health Equity Matters**](#): quarterly e-newsletter that shares news, perspectives, and progress related to minority health and health equity.
- [**Health Matters for Women**](#): monthly e-newsletter that provides information on what is happening in women's health around CDC and other agencies.
- [**Conversations in Health Equity**](#): blog devoted to increasing awareness of health inequities and promoting national, state, and local efforts to reduce health disparities and achieve health equity.
- Engage with us on **(Twitter) @CDCHealthEquity** and **LinkedIn @CDCHealthEquity**



Stay tuned for more Office of Health Equity partner calls !

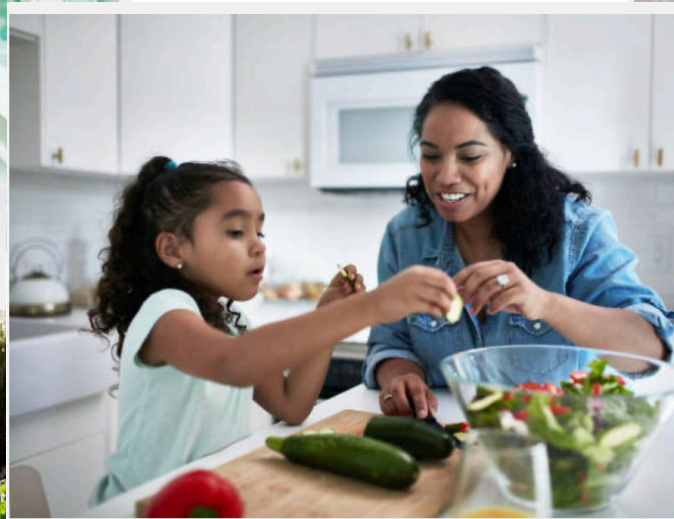
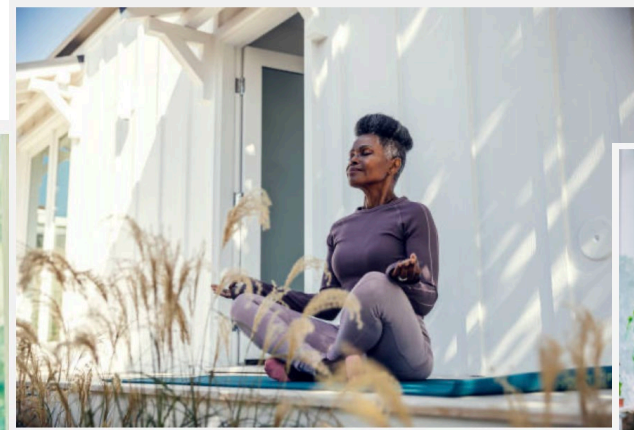


CDC Principles of Health Equity Science for Public Health Action

Ana Penman-Aguilar, PhD, MPH
Associate Director for Science
CDC Office of Health Equity

March 28, 2024

Making an Impact



CDC's CORE Commitment to Health Equity



Cultivate comprehensive health equity science

- CDC embeds health equity principles in the design, implementation, and evaluation of our research, data, and surveillance strategies



Optimize interventions

- CDC uses scientific, innovative, and data-driven strategies that address policy and systemic factors that impact health outcomes and address drivers of health disparities



Reinforce and expand robust partnerships

- CDC seeks out and strengthens sustainable multi-level, multi-sectoral and community partnerships to advance health equity



Enhance capacity and workforce engagement

- CDC builds internal capacity to cultivate a multi-disciplinary workforce and more inclusive climates, policies, and practice for broader public health impact

Principles of Health Equity Science for Public Health Action

Science as the CDC Cornerstone

- As the nation's health protection agency, CDC saves lives and protects people from health threats. To accomplish our mission, ***CDC conducts critical science and provides health information that protects our nation*** against expensive and dangerous health threats and responds when these arise.
- ***Health equity*** is the state in which everyone has a fair and just opportunity to attain their highest level of health.



“Health equity science investigates patterns and underlying contributors to health inequities and builds an evidence base that can guide action across public health programs, surveillances, policies, communications, and scientific inquiries to move toward eliminating, rather than simply documenting, inequities.”

- CDC Health Equity Science Sprint Team

Recognize that equality is essential for a thriving and just society

Leveraging health equity science to help build and evidence base on the impact of health equity

Engage the community

Apply and equity lens throughout scientific process

Cross-cutting Considerations in Health Equity Science

Use conceptual models/frameworks that recognize structural and social determinants of health as root causes and drivers of inequity

Embody antiracism by naming and examining the health impacts of racism

Identify and evaluate interventions to eliminate racial inequities

Address discrimination, stigma, and systems of oppression that contribute to health inequities

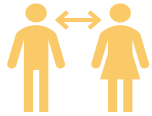
Principles of Health Equity Science for Public Health Action Defined



Conduct **health equity science for action**



Clarify uses of **race and ethnicity**



Promote the visibility for **groups that might be inadequately represented**



Emphasize **drivers** of inequity



Use appropriate **measures** of disparity



Address the **contexts** that contribute to health inequities

Principles of Health Equity Science for Public Health Action

Conduct **health equity science for action**

- Pursue scientific questions that guide action across public health domains to move toward **eliminating**, rather than simply documenting, inequities
- **Evaluate impact** and use lessons learned to guide future health equity priorities

Principles of Health Equity Science for Public Health Action

Emphasize **drivers** of inequity

- Clearly state whether the intent is to examine **markers** of inequity or **drivers** of inequity
 - *Markers* are characteristics of sub-populations experiencing a health inequity
 - Examples are race, ethnicity, and nationality
 - *Drivers* are factors that create, perpetuate, or exacerbate a health inequity
 - Examples are racism and other systems of oppression and discrimination, residential segregation, inequity in income, and inequity in health insurance coverage

Principles of Health Equity Science for Public Health Action

Clarify uses of race and ethnicity

- **Be explicit** about the purpose, methods, and interpretation of results when including race or ethnicity in scientific activities
- Include mention of racism (*particularly structural racism*) and the unfair distribution of social determinants of health as underlying causes of racial and ethnic inequities

Principles of Health Equity Science for Public Health Action

Use appropriate measures of disparity

- In evaluating interventions and tracking progress to eliminate health inequities, use appropriate measures of disparity
 - Consider using both relative measures (e.g., rate ratios) and absolute measures (e.g., rate differences)
- Explain the choice of measures, including benefits and limitations, and the selection of methods for examining changes in disparities over time.

Principles of Health Equity Science for Public Health Action

Promote the
**visibility of groups
that might be
inadequately
represented**

- For populations at risk of being inadequately represented because of social marginalization or exclusion, **actively ensure visibility** in data collection, data reporting, interpretation of findings and limitations
- **Raise awareness** of and support the need to expand data collection and **involve communities** in disaggregation and interpretation decisions

Principles of Health Equity Science for Public Health Action

Address the **contexts that contribute to health inequities**

- Apply understanding of the societal and environmental contexts that contribute to health inequities
- Address the structural and social factors that impact health and avoid exclusive focus on individual behaviors

A practical example

What needs attention here?

“People of some racial/ethnic backgrounds may be making a conscious choice about not receiving the preventive care.”

- Incorporate an understanding of the contexts that contribute to health inequities
- Clarify uses of race and ethnicity
- Structural and social determinants framework
- Embody anti-racism
- Markers vs. drivers of inequality



What is an alternative?

“People of some racial/ethnic backgrounds may be making a conscious choice about not receiving the preventive care.”

"Historical and current racism, as well as other structural and social determinants of health, constrain options for seeking care.”

- Incorporate an understanding of the contexts that contribute to health inequities
- Clarify uses of race and ethnicity
- Structural and social determinants frameworks
- Embody anti-racism
- Markers vs. drivers of inequity

Communities as critical partners

Recognize that equality is essential for a thriving and just society

Leveraging health equity science to help build and evidence base on the impact of health equity

Engage the community

Apply and equity lens throughout scientific process

Cross-cutting Considerations in Health Equity Science

Use conceptual models/frameworks that recognize structural and social determinants of health as root causes and drivers of inequity

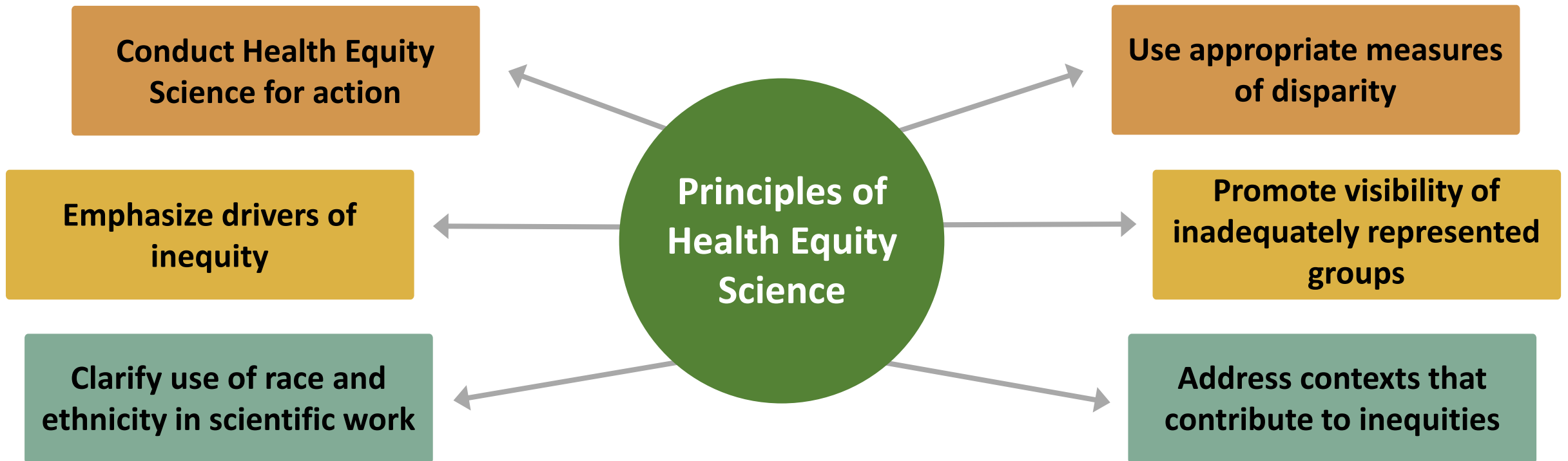
Embody antiracism by naming and examining the health impacts of racism

Identify and evaluate interventions to eliminate racial inequities

Address discrimination, stigma, and systems of oppression that contribute to health inequities

Applying Health Equity Across the Scientific Lifecycle

Community engagement can be centered in **every phase** of the scientific lifecycle using these guiding principles:



Applying Health Equity Across the Scientific Lifecycle (2)

➤ [MMWR Morb Mortal Wkly Rep. 2021 Sep 17;70\(37\):1267-1273. doi: 10.15585/mmwr.mm7037a1.](#)

Disaggregating Data to Measure Racial Disparities in COVID-19 Outcomes and Guide Community Response – Hawaii, March 1, 2020–February 28, 2021

Joshua J Quint, Miriam E Van Dyke, Hailey Maeda, J Ke’alohilani Worthington, May Rose Dela Cruz, Joseph Keawe’aimoku Kaholokula, Chantelle Eseta Matagi, Catherine M Pirkle, Emily K Roberson, Tetine Sentell, Lisa Watkins-Victorino, Courtni A Andrews, Katherine E Center, Renee M Calanan, Kristie E N Clarke, Delight E Satter, Ana Penman-Aguilar, Erin M Parker, Sarah Kemble

PMID: 34529634 PMCID: PMC8445382 DOI: 10.15585/mmwr.mm7037a1

Takeaways



The Principles of Health Equity Science for Public Health Action have direct application in all stages of scientific work.



Community engagement can be centered in every phase of the scientific lifecycle using these principles.



These principles can be used to establish a solid foundation for the advancement of health equity.

THANK YOU!

Ana Penman-Aguilar, PhD, MPH
bpv4@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

ACKNOWLEDGEMENTS:

- CDC Health Equity Science Sprint Team
(Co-leads Deron Burton and Denise Cardo)
- Health Equity Intervention and Action Principles Team (Co-leads Euna August and Ana Penman-Aguilar)
- CDC Office of Health Equity
- CDC Office of Science



Translating Health Equity Science Principles into Data for Action

Kristie E. N. Clarke MD MSCR FAAP
CDR, US Public Health Service

Senior Advisor on Data for Health Equity
Office of Public Health Data, Surveillance, and Technology

March 28, 2024

What is the Data Modernization Initiative?

- Multi-year effort to modernize core public health data infrastructure
- Comprehensive Approach:
 - Technology,
 - Processes,
 - Data Policies,
 - Data Standards
 - People
- Goal: Siloed Public Health Data Systems → 'Response Ready' Systems: Connected, resilient, adaptable, and sustainable





Conduct health equity science for action

Parallel #1 between health equity science and data modernization efforts

Data improvements are needed to guide public health action in real time to mitigate health disparities



Apply an equity lens throughout the scientific process

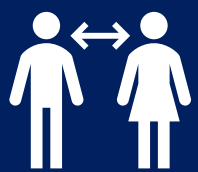
Parallel #2 between health equity data science principles and data modernization

Paradigm Shift

During this paradigm shift in the collection, availability, and use of public health data....

We must strive for data strategy and products to
center
meaningful progress in
health equity

Populations overlooked in the design of data systems are more likely to be underserved in public health practice

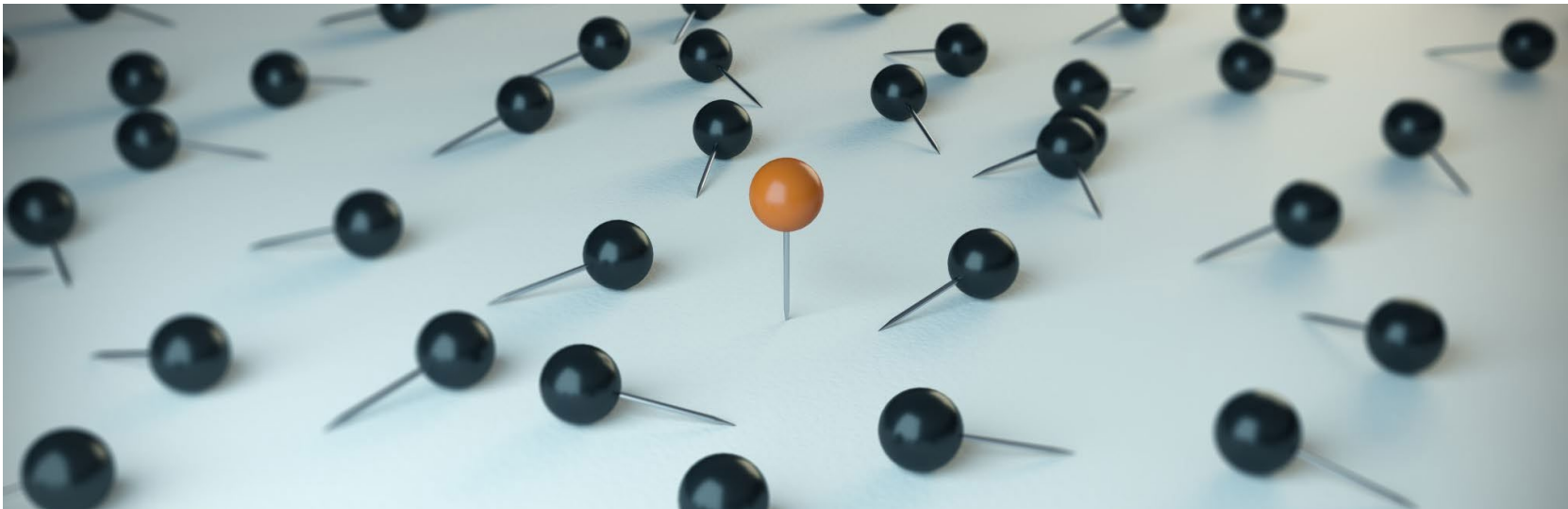


Promote the visibility of groups that might be inadequately represented

Parallel #3 between health equity data science principles and data modernization

Data modernization opportunities to promote the visibility of inadequately represented groups

- Diversify sources of data
- More inclusive data standards





Emphasize drivers of inequity

Parallel #4 between health equity data science principles and data modernization

Social Determinants of Health (SDOH) Prioritized in the CDC's Public Health Data Strategy (PHDS)



- Strategy aligns data modernization efforts at all levels of public health and across partners
- Measures progress in concrete 2-year milestones
- New strategy each year, covering subsequent 2 years
- 2024 PHDS will include a milestone that tracks the inclusion of new SDOH data elements in CDC reports and analyses across subject matter areas

<https://www.cdc.gov/ophdst/public-health-data-strategy/why-phds-matters.html>

Engage the Community

Parallel #5 between health equity data science principles and data modernization

How can Communities be Engaged in Data Modernization?

- Direct input on specific projects from people in the community or with lived experience as a member of an inadequately represented population
- Engaging the voices of service providers and community-based organizations*
- Partners and Jurisdictions: Data Modernization Initiative Consortium*
Group of multisector public health partners (government, public health partners and jurisdictions, industry, academia), which convenes to increase dialogue, voice goals, and discuss potential real-life solutions to achieve a desired modernized future state of the public health data ecosystem.

* DMI consortium and technical expert panels are convened only to seek individual perspectives and experiences, not group consensus advice from partners.



Partner Presentations

- Johns Hopkins University Disability Health Research Center
- Papa Ola Lōkahi

Using data to advance health equity for people with disabilities

bswenor@jhmi.edu
disabilityhealth.jhu.edu

Bonnielin Swenor, PhD, MPH

Director | Johns Hopkins Disability Health Research Center

Endowed Professor of Disability Health and Justice

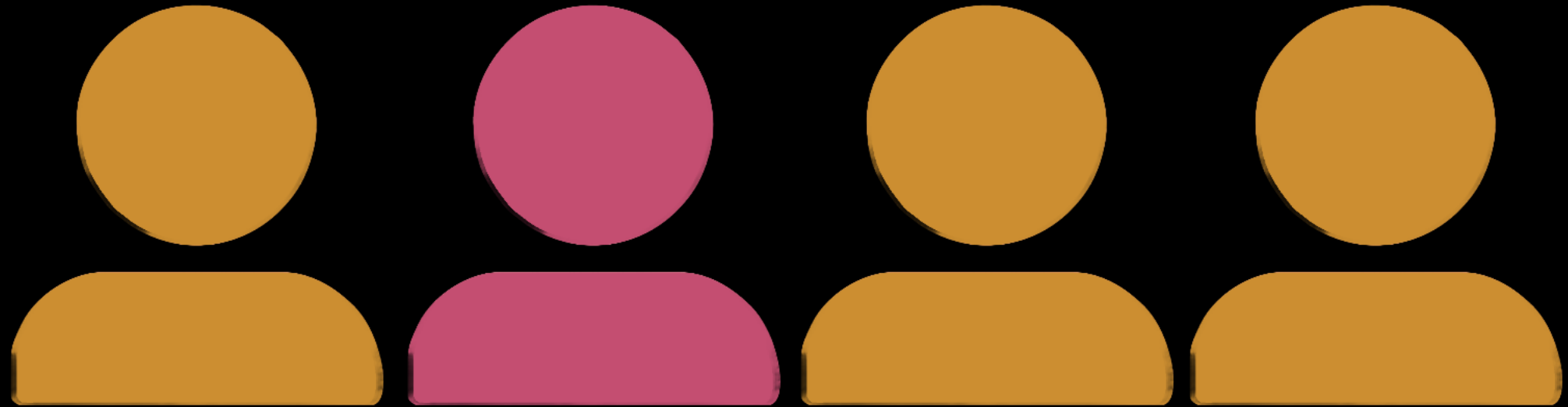
Johns Hopkins School of Nursing

Johns Hopkins Bloomberg School of Public Health

Johns Hopkins School of Medicine

1 in 4 Americans

67 million adults has a disability



People with disabilities are part of all communities

DISABILITY MODELS

Charity

Disabled people need pity and rely on non-disabled people

Medical

Disability is a consequence of health conditions or trauma that should be 'fixed' treatments or cures

Functioning

Disability is defined by limitations in ability to perform daily activities

Social

Disability is a result of limitations from environmental or social barriers

Identity

Disabled people are a community who uniquely identify with each other (e.g. race, ethnicity, gender)



DISABILITY RIGHTS

Focus on ensuring disabled people have equal rights



DISABILITY JUSTICE

Focusing on equity, cross-sector collaboration, unifying the disability community, and intersectionality

Who counts depends on who is counted

Unlike race, ethnicity, gender, and age, disability data are not routinely collected as part of demographic information



Shift from viewing disability as a health outcome to a demographic group.

FIRST OPINION

The next Census could undercount the number of disabled Americans by 20 million

By Bonnielin Swenor and Scott Landes Nov. 27, 2023

STAT

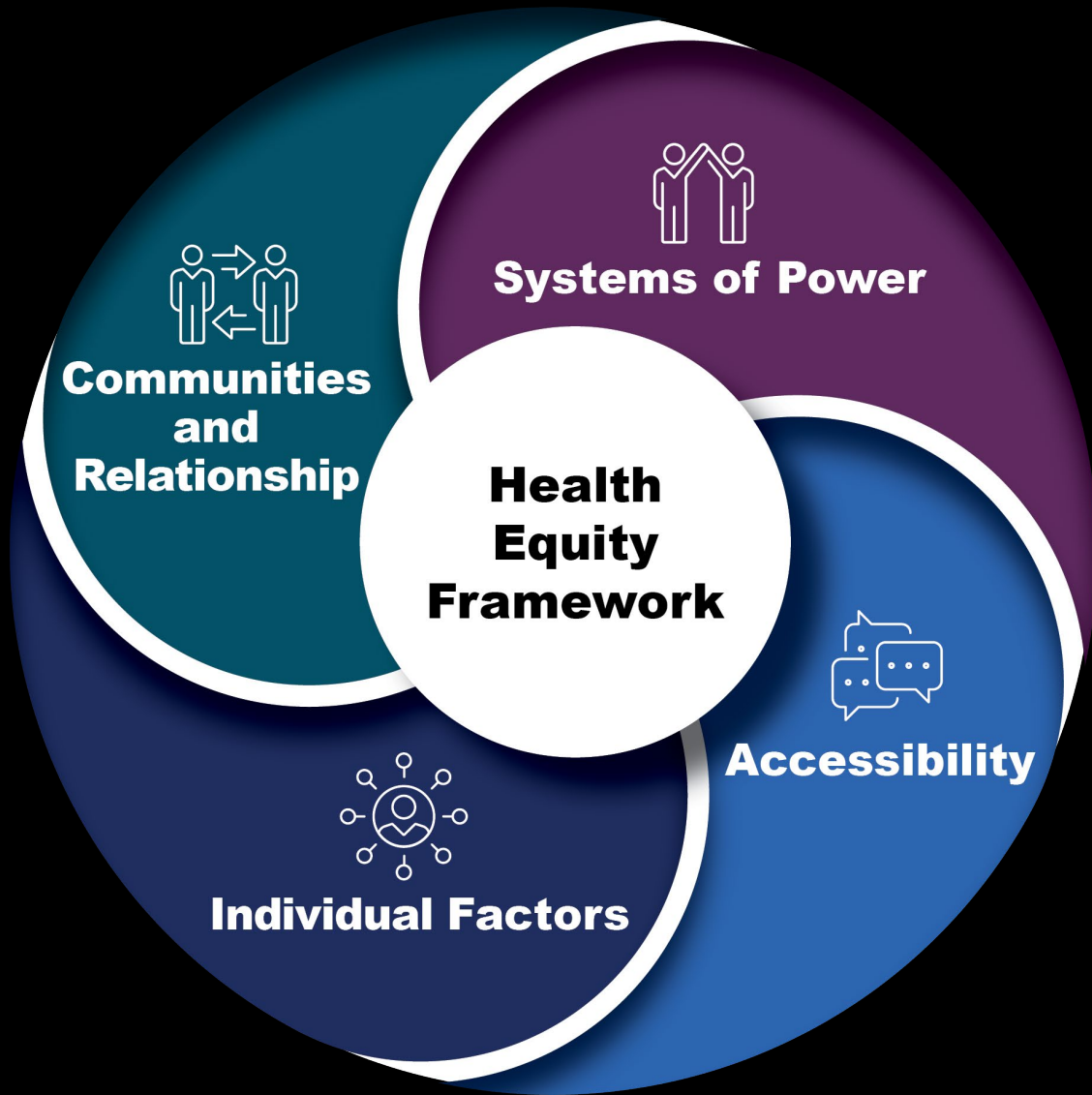


Landes and Swenor. STAT News. 2023.



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Disability Health
Research Center



Disability Data Justice

Using data to uphold and advance equity and justice for disabled people

Adopted from the ETR Health Equity Model
Peterson A, et al. *Health Promotion Practice*. 2021.

Disability Data

Justice

Disabled people must
be part of every step

Data

EVIDENCE

Expand and improve data
collection, access, and use

ACCOUNTABILITY

Use data to evaluate and
improve policies

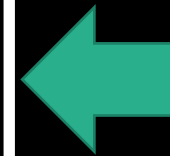
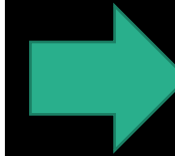
Equity

POLICY

Use data to drive
evidence-based policy
change

STRUCTURAL CHANGES

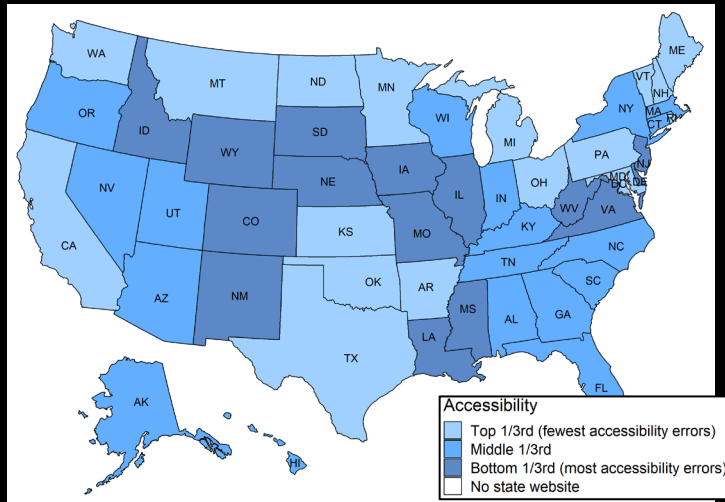
Support systemic changes
that improve equity &
accessibility



DISABILITY DATA DASHBOARDS:

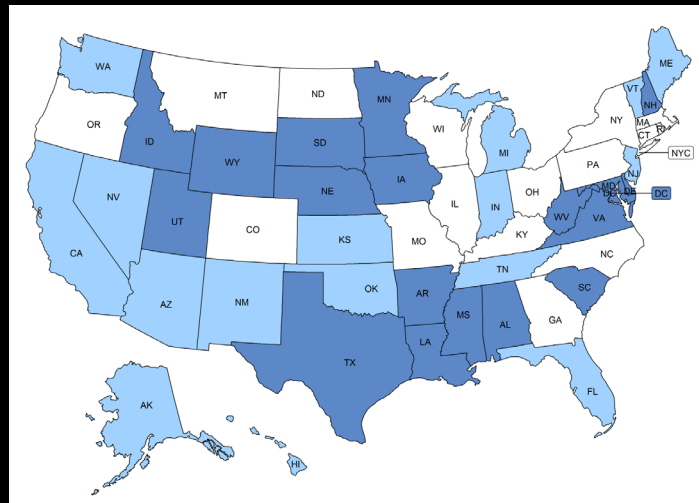
Disability data justice in action

COVID-19 VACCINE REGISTRATION



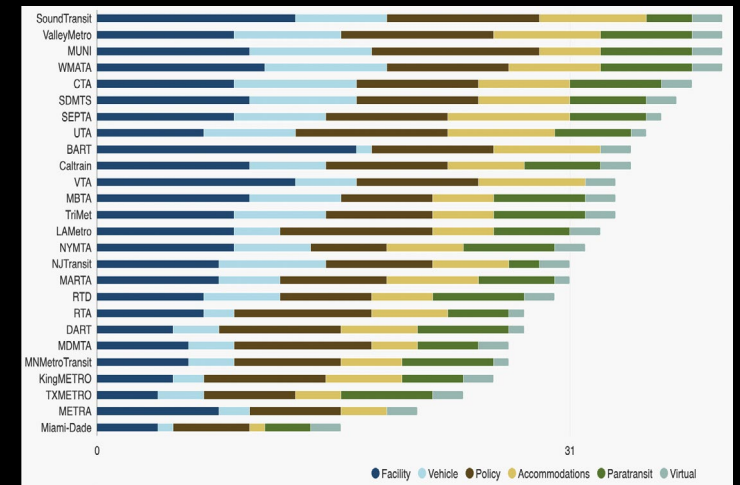
Jo et al. DHJO. 2022.

SNAP ENROLLMENT



Samuel et al. DHJO. 2022.

PUBLIC TRANSIT



Twardzik et al. J Transport and Health. 2024.

disabilityhealth.jhu.edu



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ADVISORY COMMITTEE TO THE DIRECTOR

Active Groups

ACD Working Group on
Diversity, Subgroup on
Individuals with
Disabilities

ACD Working Group on Diversity, Subgroup on Individuals with Disabilities



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Theresa Cruz, Ph.D., National Institutes of Health

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**Susan M. Haverkamp, Ph.D., The Ohio State University
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(Co-Chair)**



Report and Recommendations



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Disability Health
Research Center

Ableism In Biomedical And Behavioral Research At NIH

[Theresa H. Cruz](#), [Joseph Bonner](#),
[Linda Bambrick](#), [Christopher Donohue](#),
[Rosalind King](#), [Tracy King](#), [Sahana Kukke](#),
[Kathy Mann Koepke](#), [Maria Nurminskaya](#),
[Adam Politis](#), [Cheri Wiggs](#)

AUGUST 2, 2023

[10.1377/forefront.20230731.988897](https://doi.org/10.1377/forefront.20230731.988897)

**“There is space to
address both disease-
focused research and
the health of people
with disabilities
broadly.”**



Disability groups win fight to be included in health equity research

The designation of disabled people as a 'health disparity population' allows for more funding and research into the health equity barriers disabled people face



By [Amanda Morris](#)

September 26, 2023 at 11:00 a.m. EDT

NEWS RELEASES

NIH

Tuesday, September 26, 2023

NIH designates people with disabilities as a population with health disparities

Designation, new research program and update to NIH mission are actions to ensure inclusion of people with disabilities.



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Disability Health
Research Center

CDC Health Equity Workgroup

“Many public health data sets have limited information regarding social and economic factors, meager or incomplete information on key demographic indicators such as race, disability, and sexual orientation/gender identity, and survey sizes that limit geographic specificity.”



LEARN MORE

DISABILITY
HEALTH
EQUITY
RESEARCH
NETWORK

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DHERN@syr.edu



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**Disability Health
Research Center**

NO KĀKOU, NA KĀKOU

(FOR US, BY US)

Health Equity Through Native Hawaiian and Pacific Islander (NHPI) Data Disaggregation

Chantelle (Tellie) Eseta Matagi
Papa Ola Lokahi
Director

March 28, 2024

A Community-Driven Public Health Response

- Early gaps in COVID-19 data reporting
- Advocacy for disaggregated data
- Coordination between health department and community representatives

“No kākou, na kākou” (For us, by us)

Select Local Media Headlines

[Community Leaders: State Is Failing Pacific Islanders In The Pandemic](#)

Pacific Islanders — not including Native Hawaiians — make up 30% of Hawaii's coronavirus cases but only 4% of the population.

[State Officials Are Overusing Privacy Excuse To Withhold COVID-19 Data](#)

A powerful federal law shields lots of health information from the public's view, but there are some exceptions.

[Hawaii COVID-19 Data for Race and Ethnicity Is Missing](#)

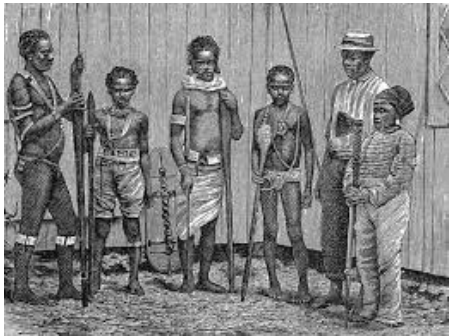
Leaders across many Pacific Islander communities have been working to prevent COVID-19 infections from increasing.

High Prevalence of COVID-19 Risk Factors

- ✓ Essential work
- ✓ Lower average socioeconomic status
- ✓ Large multigenerational households
- ✓ Densely populated neighborhoods
- ✓ Higher rates of chronic diseases

Centering the Pacific

- ❑ Pacific peoples have rich histories that contribute to significant ethnic and linguistic diversity
- ❑ Shared resilience rooted in cultural values and practices
- ❑ Pacific communities in Hawai'i drew upon these strengths during the COVID-19 pandemic



Center image shows a world map with the Pacific Ocean at the center surrounded by historical photos of indigenous Pacific islanders. Map image source: <https://kaiwakiloumoku.ksbe.edu/pacific-maps>

CDC COVID-19 CASE REPORT FORM

.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC.....

Patient first name _____ Patient last name _____ Date of birth (MM/DD/YYYY): ____/____/____



.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC.....

Human Infection with 2019 Novel Coronavirus Case Report Form

Case Demographics

<p>Date of birth (MM/DD/YYYY): ____/____/____ Age: _____ Age units (yr/mo/day): _____ State of residence: ____ County of residence: _____ Does this case have any tribal affiliation? <input type="checkbox"/> yes Tribe name(s): _____ Enrolled member? <input type="checkbox"/> yes</p>	<p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female <input type="checkbox"/> Unknown If female, currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Unknown</p>	<p>Race (check all that apply): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____</p>
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Image shows a cropped section of the demographic section used during case interviews

Link: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf>

First Reported COVID-19 Data by Race

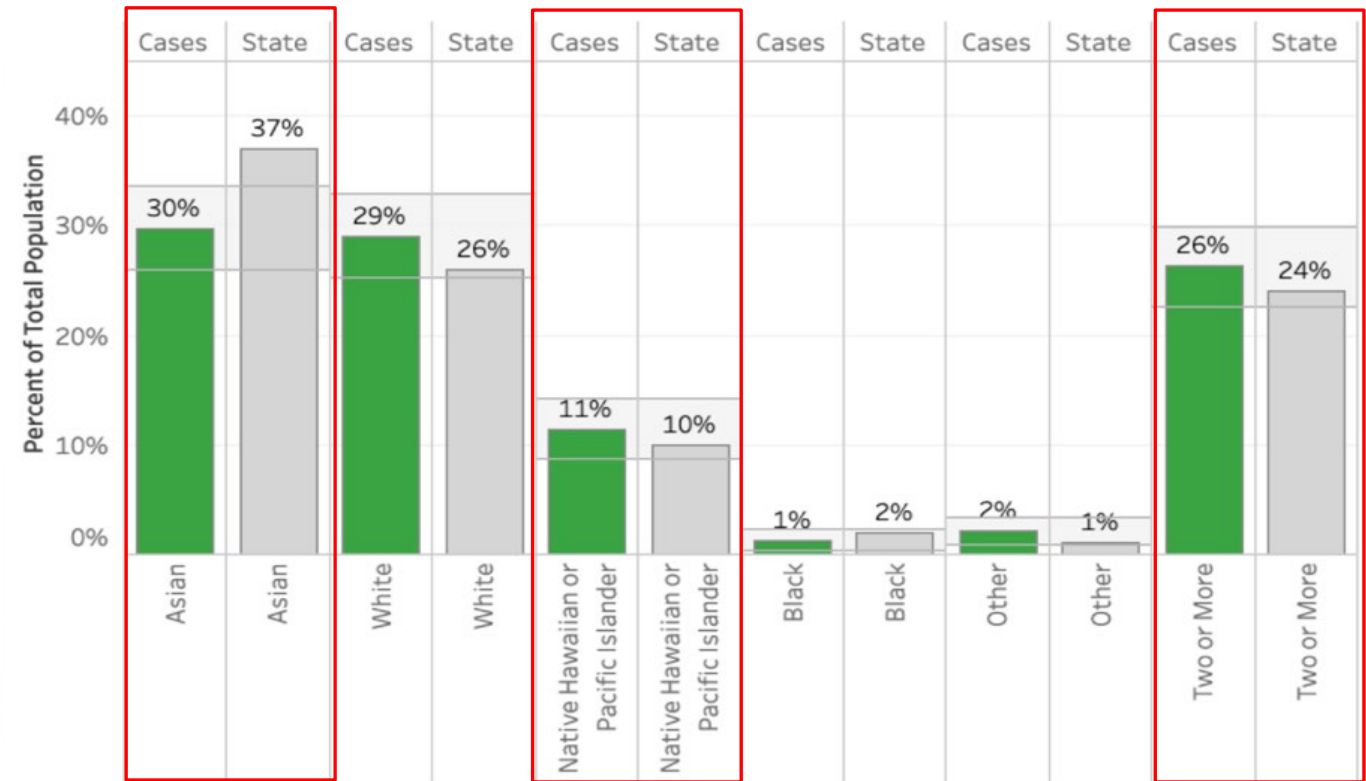
Hawai'i April 23, 2020

Race of COVID-19 cases compared to state populations (n=541)

**Aggregated data masks
disparities**

“What is not measured cannot
readily be remedied.”

- Penman-Aguilar



Source: Measurement of Health Disparities, Health Inequities, and Social Determinants of Health to Support the Advancement of Health Equity. Journal of Public Health Management and Practice. 2016.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5845853/>

Resilience, Response, Recovery

- ❑ A collection of over 60 NHPI-serving agencies rapidly formed to address data gaps
- ❑ Petitioned the State Department of Health to collect and report more detailed racial categories
- ❑ Data and Research Committee met weekly with DOH epidemiologists to disaggregate data



Image shows logos of member organizations

Centering Community Values

Aloha

love/compassion

Pono

righteousness/goodness

Laulima

cooperation

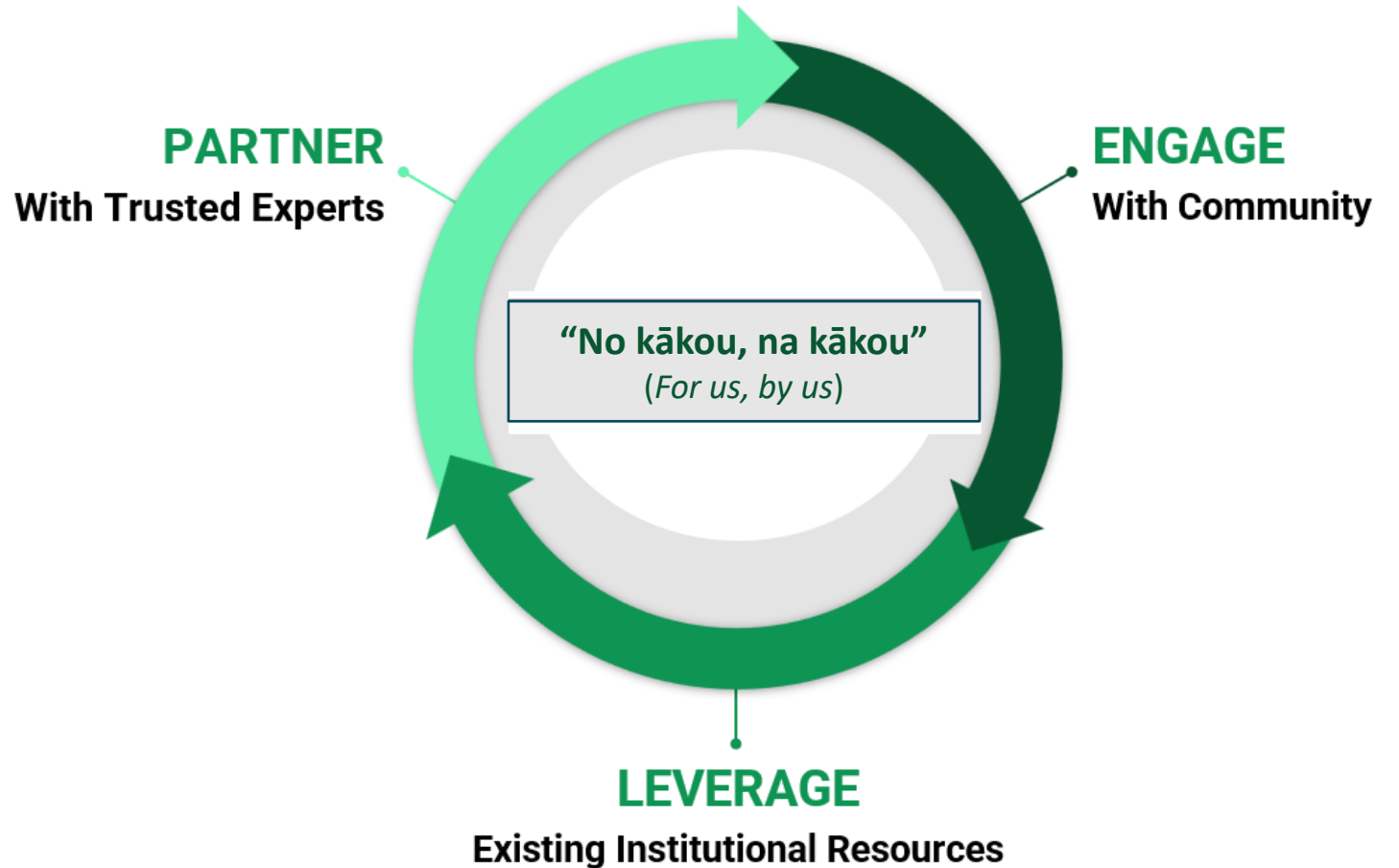


Diagram depicts circular process that includes community engagement, leveraging institutional resources and partnering with trusted experts with the Native Hawaiian phrase ‘No kakou, na kakou’ in the center, meaning ‘for us, by us’

Revised Hawai'i COVID-19 Case Report Form

v20200727b



Human Infection with 2019 Novel Coronavirus Case Report Form

Fax completed form to:
DOH Disease Investigation Branch
(808) 586-4595

Patient first name: _____ Patient last name: _____ Date of birth (MM/DD/YYYY): ____/____/____
Address: _____ Phone: _____ Email: _____

Case Demographics

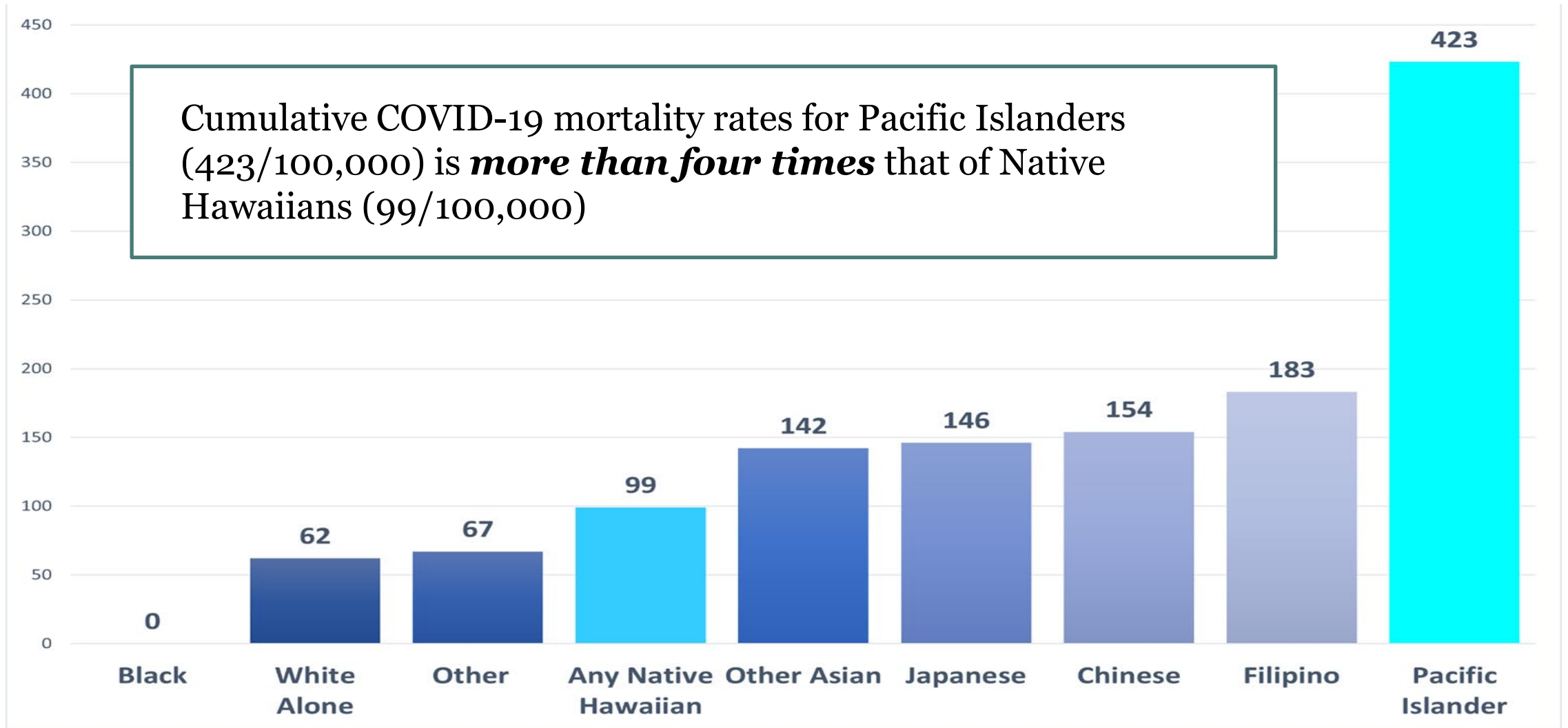
<p>Date of birth (MM/DD/YYYY): ____/____/____ Age: _____ Age units (yr/mo/day): _____ State of residence: _____ County of residence: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female <input type="checkbox"/> Unknown If female, currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander, specify: _____ <input type="checkbox"/> Japanese <input type="checkbox"/> Filipino <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian, specify: _____ <input type="checkbox"/> Black <input type="checkbox"/> Other, specify: _____</p>	<p>Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Unknown</p> <hr/> <p>Primary Language: _____</p> <p>Is a translator/interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>If yes, specify which language:</i> _____</p>
<p>What is the patient's occupation? Industry: _____ Occupation: _____</p>		



Interviewers trained to identify detailed race using the complete CDC race and ethnicity code set available in the case management system drop down menus https://www.cdc.gov/nchs/data/dvs/race_ethnicity_codeset.pdf

Hawai'i COVID-19 Mortality by Race

Deaths per 100,000 population; February 6, 2023



NHPI Case Investigation Team

- ❑ Disaggregated data supported development of a case investigation team dedicated to serving disproportionately affected populations
- ❑ Team comprised of members of the affected communities equipped with language and cultural resources acquired through diverse range of lived experiences and professional backgrounds



Disaggregating Pacific Islander Data

Detailed Pacific Islander COVID-19 cases and deaths, Hawai'i
 March 8, 2020, to January 31, 2021, HDOH COVID-19 Race Ethnicity Equity Report

Cases of COVID-19 among Pacific Islanders, by Specific Island of Origin, Hawaii 2020		
Region of Origin	Cases	
	No.	Percent
Chuukese	1,024	24%
Kosraean	233	6%
Pohnpeian	78	2%
Micronesian, unspecified	343	8%
Marshallese	939	22%
Samoan	1,232	29%
Tongan	160	4%
Chamorro/Guamanian	29	1%
Other Pacific Islander, Unspecified	155	4%
Total	4,193	100%

Deaths of COVID-19 among Pacific Islanders, by Specific Island of Origin, Hawaii 2020		
Island of Origin	Deaths	
	No.	Percent
Micronesian, any	42	52%
Marshallese	19	23%
Samoan	20	25%
Tongan	<10	n/a
Chamorro/Guamanian	0	0%
Other Pacific Islander, Unspecified	<10	n/a
Total	81	100%

Detailed Pacific Islander COVID-19 cases and deaths, Hawai'i
 March 8, 2020, to March 18, 2024, Public dashboard (updated weekly)

Race of COVID-19 Cases, Hawaii 2024
Last updated Wednesday, March 20, 2024 (updated weekly)
 Data as of Monday, March 18, 2024

View Overall Counts

Race	Case Count	Cases	State Population	State Population	Total Deaths††
Pacific Islander	13,165	6%	56,304	4%	247
Samoan	4,855	2%	-	-	80
Chuukese	2,096	1%	-	-	51
Marshallese	2,082	1%	<small>Note: Population data for specific Pacific Islander races are currently unavailable</small>		43
Micronesian, not specified*	961	0%			29
Tongan	1,011	0%			20
Kosraean	400	0%			<5
Pohnpeian	400	0%			<5
Chamorro	305	0%	-	-	<5
Other Pacific Islander	1,043	0%	-	-	11
Missing specific PI Race	12	0%	-	-	5

Click buttons to navigate to other views

Cases

Outcomes

Time Trends

Table

Footnotes:
 Based on first non-White race listed;
 **White with no other race listed; † Native Hawaiian as any listed race.
 ††Excludes deaths with no specific race information available (n=55);
 * Includes both confirmed and probable cases; Excludes residents diagnosed out-of-state (n=9,429), non-residents (n=8,145), and cases with no specific race information available (n=188,868); Hospitalization status is unknown for 62,982 cases with known race information.

View on Tableau Public

Download archived hospitalization data

Share

Community-based Vaccination Events

- This photo was taken at the first of many pop-up vaccination events hosted by the NHPI 3R and Team 6B
- Team members provided language support and created a culturally safe space for NHPI communities at a well-known Samoan church
- We answered questions, held hands, sang songs, offered light refreshments, and walked our community members through the vaccination process





Important Steps When Engaging Community

- ❑ Meet community where they are.
- ❑ Provide connections to resources.

Promoting Health Equity During the COVID-19 Pandemic: Local, National, and International

COVID-19 in Hawai'i:

Addressing Health Equity in Diverse Populations



Weekly / Vol. 70 / No. 37

Morbidity and Mortality Weekly Report

September 17, 2021

Disaggregating Data to Measure Racial Disparities in COVID-19 Outcomes and Guide Community Response — Hawaii, March 1, 2020–February 28, 2021

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Bull World Health Organ. 2022 Feb 1; 100(2): 171–173.

Published online 2021 Dec 29. doi: [10.2471/BLT.21.286074](https://doi.org/10.2471/BLT.21.286074)

PMCID: PMC8795842

PMID: [35125543](https://pubmed.ncbi.nlm.nih.gov/35125543/)

Promoting health equity during the COVID-19 pandemic, United States

Jazmyrn T Moore,^{2a} Carolina Luna-Pinto,^a Heidi Cox,^a Sima Razi,^a Michael E. St. Louis,^a Jessica N Riccardi,^a and Leandris Liburd^a

Promoting health equity during the COVID-19 Pandemic, United States. *Bulletin of the World Health Organization*. 2022 Feb 1; 100(2):171-173 doi:10.2471/BLT.21.286074

“The United States of America has a diverse population...Groups historically identified as racial and ethnic minorities have been economically and socially marginalized...putting some of these groups at increased risk for poor health outcomes.

CDC is identifying and **promoting innovative ways to analyze race and ethnicity data and has recently published analyzes...examining racial subcategories to identify disparities (Quint et al).**

Detailed race and ethnicity data can help guide ongoing emergency response efforts, direct resources to communities in real time, and inform tailored public health communications.”

COVID-19 Vaccination Experience & Perception among Communities of Hawai'i



COVID-19 Vaccination Experiences & Perceptions among Communities of Hawai'i

Recommendations

For community-centered public health data practices

- 1. Collect and report detailed race, ethnicity, and other social determinant data**
- 2. Meet regularly and collaborate with community leaders, representatives, and members to prioritize transparency and collective action**
- 3. Ensure workforce diversity** through hiring practices that prioritize linguistic and cultural knowledge

MAHALO NUI

Native Hawaiian & Pacific Islander HAWAI'I COVID-19 TEAM Response. Recovery. Resilience.

HONOLULU CIVIL BEAT, September 23, 2021

Here's Why Hawaii Is A Model For Identifying Pandemic Racial Disparities

- More than half of U.S. states don't report Covid-19 case or death rates for the category of Native Hawaiian and other Pacific Islanders, despite 1997 federal guidance recommending that the community be separated from Asians and other communities.
- A recent study published in the CDC's MMWR provides COVID-19 rates for 16 detailed AA and NHPI subgroups

Questions and Answers



Feedback Survey

- The survey will appear after the webinar ends.
- The survey is optional.
- **Three questions:**
 - How well did this webinar explain CDC's approach to using health equity science and data for action?
 - How well did the webinar explain CDC partners' approach to using health equity science and data for action?
 - Tell us more! Please share any additional comments or suggestions on how we can improve our programming, including future topics for our health equity partner calls.

Thank you!

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



CDC Health Equity Resources

- [Health Equity - Office of Health Equity - CDC](#)
- [Health Equity Guiding Principles for Inclusive Communication | Gateway to Health Communication | CDC](#)
- [Health Equity Video Series | Health Equity | CDC](#)
- [Health Equity In Action | Health Equity \(cdc.gov\)](#)
- [CDC's CORE Commitment to Health Equity | Health Equity | CDC](#)
- [Foundations of Health Equity Training Plan - CDC TRAIN - an affiliate of the TRAIN Learning Network powered by the Public Health Foundation](#)
- [Three Principles to Communicate About Health Equity Concepts \(CHEC\) | Health Equity | CDC](#)

Health Equity Science and Data Resources

- [Principles of Health Equity Science for Public Health Action - Deron C. Burton, Angele Kelly, Denise Cardo, Demetre Daskalakis, David T. Huang, Ana Penman-Aguilar, Pratima L. Raghunathan, Bao-Ping Zhu, Rebecca Bunnell, 2023 \(sagepub.com\)](#)
- [Data Equity Principles | CDC Foundation](#)
- [What is the Data Modernization Initiative? | DMI Basics | CDC](#)
- [Measurement of Health Disparities, Health Inequities, and Social Determinants of Health to Support the Advancement of Health Equity - PubMed \(nih.gov\)](#)

RESOURCES

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- NIH ACD Working Group on Diversity, Subgroup on Individuals with Disabilities Report. 2022.
https://www.acd.od.nih.gov/documents/presentations/12092022_WGD_Disabilities_Subgroup_Report.pdf
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- CDC Health Equity Workgroup. www.cdc.gov/about/advisory-committee-director/health-equity-group.html



Suggested Resources

For NHPI Data Disaggregation and Community Engagement

- 1. Disaggregating Data to Measure Racial Disparities in COVID-19 Outcomes and Guide Community Response CDC MMWR**
<https://www.cdc.gov/mmwr/volumes/70/wr/mm7037a1.htm>
- 2. Hawai'i Race/Ethnicity Report** <https://hawaiiicovid19.com/wp-content/uploads/2021/03/COVID-19-Race-Ethnicity-Equity-Report.pdf>
- 3. COVID-19 Vaccination Experience & Perception among Communities of Hawai'i**
<https://health.hawaii.gov/coronavirusdisease2019/files/2022/11/Full-Report-COVID-19-Vaccination-Experiences-Perceptions-among-Communities-of-Hawai%CA%BBi.pdf>
- 4. He 'A'ali'i Kū Makani Mai Au: Developing a Cultural Framework for Advancing COVID-19 Related, Community-informed Health Policies** <https://www.ncbi.nlm.nih.gov>
- 5. No Kākou, Na Kākou - For Us, By Us: Native Hawaiians and Pacific Islanders Informing Race Data Collection Standards for Hawai'i** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10612412//pmc/articles/PMC8538107/>
- 6. The Hawai'i NHPI Data Disaggregation Imperative: Preventing Data Genocide Through Statewide Race and Ethnicity Standards** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10612414/pdf/hjhs8210_S1_0067.pdf
- 7. Culture, Language and Health Literacy, HRSA** -<https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/culture-language-and-health-literacy>
- 8. Hawai'i Data Dashboards** <https://health.hawaii.gov/coronavirusdisease2019/current-situation-in-hawaii/>
- 9. CDC Race Value Set** <https://phinvads.cdc.gov/vads/SearchVocab.action> / <https://www.hl7.org/fhir/v3/Race/cs.html>
https://www.cdc.gov/nchs/data/dvs/race_ethnicity_codeset.pdf
- 10. Census API** <https://www.census.gov/data/developers/data-sets.html>