Acculturation Measures in HHS Questionnaires/Data Collection Instruments

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Background: The increasing diversity of the U.S. population calls for renewed efforts to capture detailed information on race, ethnicity and acculturation measures to examine the impact that the increasing language and cultural diversity has on the health of individuals and on their access to healthcare. The effects of race, ethnicity and acculturation on health are complex and not well understood due to their multidimensional nature and may differ depending on the characteristics of the population being examined, the measures used, multiple contextual factors and other factors not yet studied. Capturing information on the differences in health among immigrants in different acculturative stages will contribute to identify health and healthcare disparities. The study focused on the U.S. Department of Health and Human Services (HHS) data sources because HHS is the leading producer of health and healthcare data through its nationally representative survey data collection and the administration of its programs.

Purpose: The objective of this study was to examine the use of race, ethnicity, and proxy measures of acculturation major U.S. Department of Health and Human Services (HHS) data sources and analyze the level of consistency in the use of these measures across the data sources.

Methods: To identify common acculturation measures reported in peer-reviewed journal articles, the 40 most recent publications located through a PubMed literature search were reviewed. Keywords used were ‘acculturation measures’, ‘acculturation proxies’, and ‘acculturation indicators’. Thirty-four questionnaires/data collection instruments from major HHS data sources were identified through a systematic electronic search of HHS agency websites, and reviewed for measures of race, ethnicity and acculturation.

Results: Twenty-two out of 34 HHS questionnaires/data collection instruments follow the 1997 Office of Management and Budget revised standards* for race and ethnicity; some state supplied data do not fully comply with the Federal standards. Nineteen out of the 34 HHS questionnaires/data collection instruments use at least one proxy measure of acculturation. In addition, proxy acculturation measures in the biomedical literature and HHS questionnaires/data collection instruments varied widely.

Discussion: The collection of data on race, ethnicity and primary language became a mandate with the passage of the 2010 Patient Protection and Affordable Care Act (Health Care Reform Law), Sec. 4302: *Understanding health disparities: data collection and analysis*. It includes language to improve collection and reporting of data on disparities in health care, including:

- Collection and reporting of race, ethnicity, sex, primary language and disability data for participants of federally conducted or supported health care or public health programs, activities or surveys
- Use of OMB standards for racial and ethnic data
- Development of data standards on sex, primary language & disability status
- Standardizing state data collection for Medicaid and CHIP

HHS is in a leading position to develop and implement proxy acculturation standards that can be incorporated in the major HHS household surveys to expand our knowledge of immigrant populations and benefit the design and implementation of programs.