



# Federal Oral Health Surveillance and AANHPI Disaggregation in Pediatric Populations

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## Background

- Aggregating diverse Asian American, Native Hawaiian, and Pacific Islander (AANHPI) groups can mask disparities in access to care, health status, and health outcomes across subgroups
- Despite increased disaggregation in federal health surveys over the last 15 years, the state of oral health data collection in AANHPI groups remains largely unexplored
- Oral health status and disparities for various AANHPI groups can only be reported on if oral health data is collected for each group
- This study will add to the growing body of literature by evaluating the intersection of specific oral health variables and AANHPI disaggregation for pediatric populations ages 0-18 years within federal oral health surveillance systems

## Aim

To assess the overall landscape of federal oral health surveillance and identify opportunities for more equitable data collection among AANHPI pediatric populations

## Methods and Materials

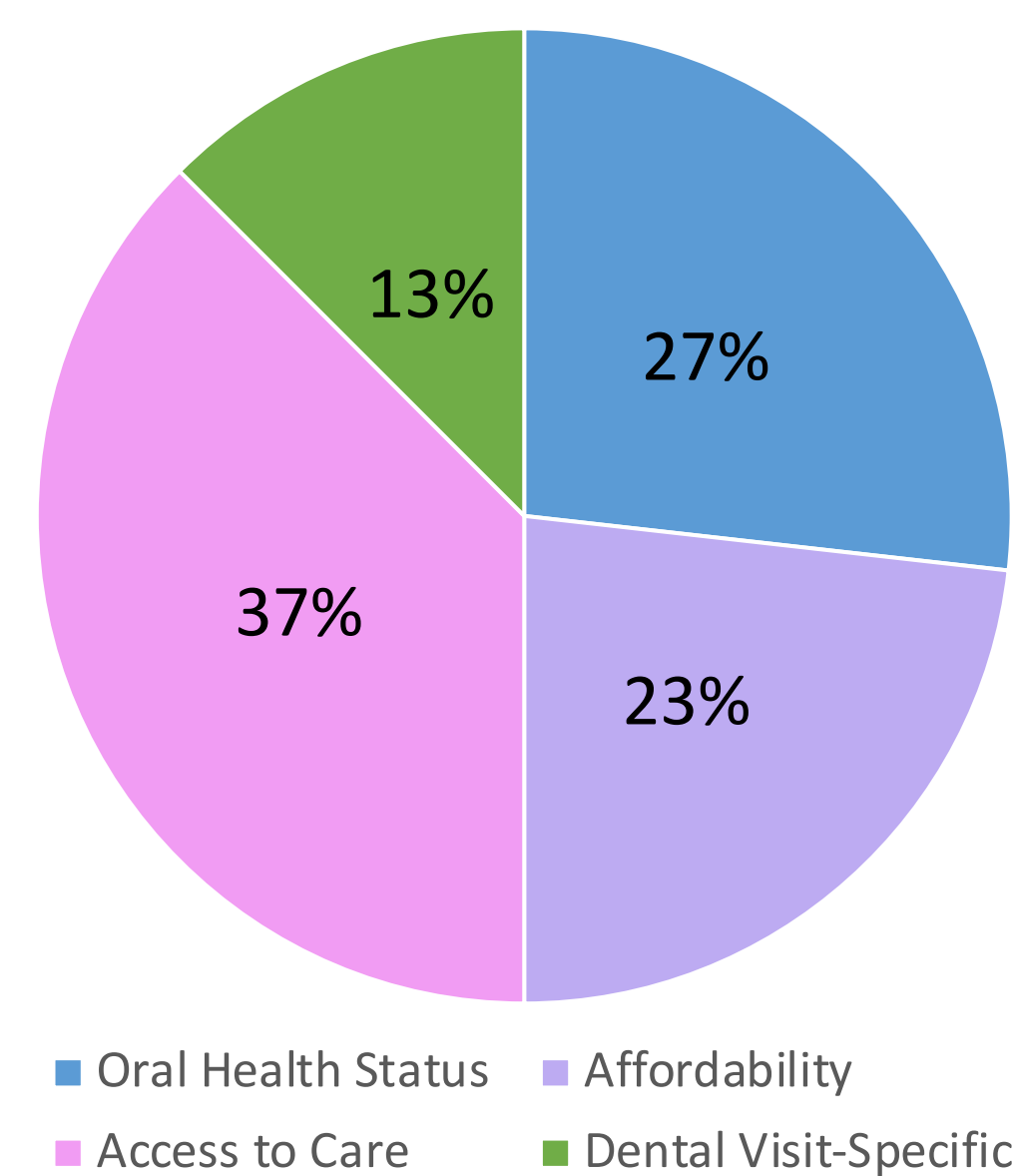
**Data set:** Identified 110 federal health surveillance systems through systematic review of US Health and Human Services (HHS) survey and data inventories  
**Inclusion/Exclusion Criteria:** Included national, population-based health surveillance systems collecting person-level dental metrics for individuals 0-18 years of age; excluded clinical registries, local/state-only datasets, and administrative records  
**Data Collection:** Reviewed the most recent survey instruments, codebooks, and technical reports to extract demographic and oral health variables; web queries conducted to confirm findings as needed  
**Analysis:** Categorized oral health variables into specific themes based on *a priori* knowledge and thematic language used by existing surveillance systems

## Federal Health Surveillance Systems and AANHPI Disaggregation

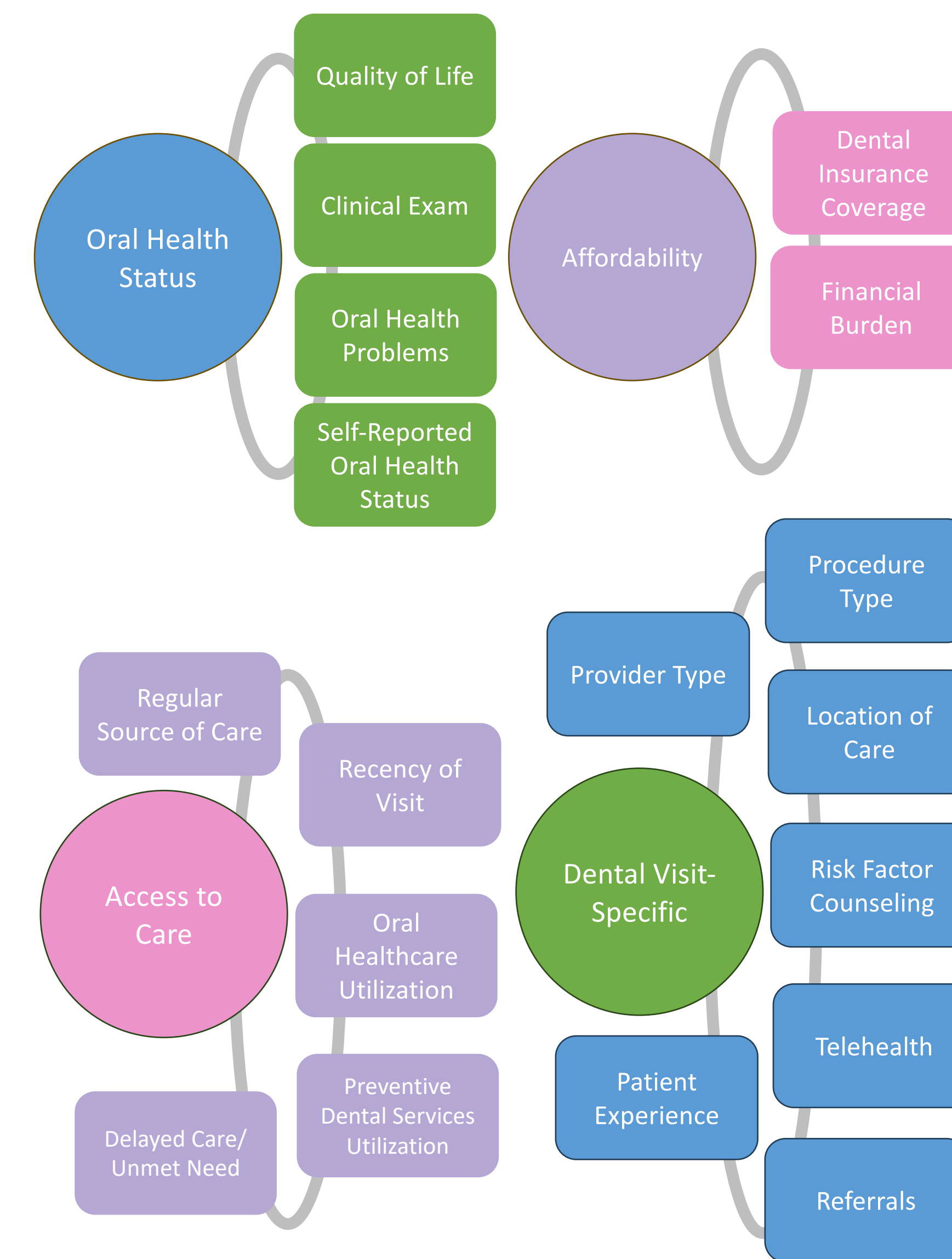
Survey Name	Year	Administrative Structure	Disaggregated Asian American (AA) Subgroups	Disaggregated Native Hawaiian Pacific Islander (NHPI) Subgroups	Oversampling for AANHPI?
National Health Interview Survey (NHIS)	2023	Direct Federal	Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian*	Native Hawaiian, Guamanian/Chamorro, Samoan, Other Pacific Islander*	No
National Health and Nutrition Survey (NHANES)	2021-2023	Direct Federal	Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Bangladeshi, Bengalese, Bharat, Bhutanese, Burmese, Cambodian, Cantonese, Dravidian, East Indian, Goanese, Hmong, Indochinese, Indonesian, Iwo Jiman, Lao-Hmong, Laotian, Madagascar/Malagasy, Malaysian, Maldivian, Mong, Nepalese, Nipponese, Okinawan, Pakistani, Siamese, Singaporean, Sri Lankan, Taiwanese, Thai*	Native Hawaiian, Guamanian/Chamorro, Samoan, Other Pacific Islander*	Yes for AA No for NHPI
Medical Expenditure Panel Survey (MEPS)	2023	Direct Federal	Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian*	Native Hawaiian, Guamanian/Chamorro, Samoan, Other Pacific Islander*	Yes for AA No for NHPI
Youth Risk Behavior Surveillance System (YRBSS)	2023	Federal-State Partnership	Federal: No Disaggregation State: State option to Disaggregate	Federal: No Disaggregation State: State option to Disaggregate	No
National Survey of Children's Health (NSCH)	2023	Direct Federal	Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian*	Native Hawaiian, Chamorro, Samoan, Other Pacific Islander*	No
Pregnancy Risk Assessment Monitoring System (PRAMS)	2023	Federal-State Partnership	Federal: No Disaggregation State: State option to Disaggregate	Federal: No Disaggregation State: State option to Disaggregate	No
Health Center Patient Survey (HCPS)	2023	Direct Federal	Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian*	Native Hawaiian, Guamanian/Chamorro, Samoan, Tongan, Marshallese, Other Pacific Islander*	Yes for AA Yes for NHPI
Head Start Family and Child Experiences Survey (FACES)	2021-2022	Direct Federal	No Disaggregation	No Disaggregation	No

\*Restricted use files only

## Oral Health Themes in Federal Health Surveillance Systems



## Thematic Oral Health Data Subgroups



## Principal Findings

- Of 110 identified surveillance systems, 8 met the inclusion criteria
- Five of 8 surveillance systems disaggregated AANHPI data; 2 do not at the federal level but give states the option to disaggregate
- All 5 surveillance systems that disaggregated AANHPI data only allow access to data in private, restricted files
- Three of 8 surveillance systems oversampled AANHPI populations
- Thematic breakdown of 56 total oral health questions :
  - 21 - Access to care
  - 15 - Oral health status
  - 13 - Affordability
  - 7 - Dental-visit specific
- Two of 8 surveillance systems included oral health as optional module
- One of 8 surveillance systems included oral health questions on a rotating basis

## Discussions & Implications

- Section 4302 of the Affordable Care Act (ACA): Office of Minority Health (OMH) data collection standards
- State-level surveys and surveillance due to differences in AANHPI demographics by state
- Barriers to disaggregation can include limited translation services or available material in different languages, variations in reporting, inadequate outreach to participants, and small/insufficient survey sample size
- Opportunities for surveillance may include state-level mandates, oversampling, increasing oral health surveillance capacity, and increasing diversity of oral health measures asked about and reported on

## Strengths

- Comprehensive federal surveillance systems comparison
- Use of most recent surveillance system iterations and tools

## Limitations

- Author bias in oral health data categorizations
- Exclusion of state level and non-HHS administered surveys and data systems
- Could not account for state-level variation (YRBSS, PRAMS)
- Lack of access to restricted files
- No longitudinal analysis