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To: tfrieden@cdc.gov, bit1@cdc.gov

Cc:

Date: Saturday, January 15, 2011 08:12 pm

Subject: CDC Health Disparities Report

Dear Drs. Frieden and Truman:

I write to you in your roles as corresponding authors on Foreword and Rationale (methods) sections of the recently-released CDC Health Disparities and Inequalities Report – United States, 2011. I have written a number of the corresponding authors on particular chapters (Drs. Beckler and Euler) and I apologize for not thinking to copy you on those notes.

I write a good deal about the way measures of differences between rates tend to be affected by the overall prevalence of an outcome and the implications for health and healthcare disparities research. Most notably, the rarer an outcome, the greater tends to be the relative difference in experiencing it and the smaller tends to be the relative difference in avoiding it. Thus, for example, as vaccination rates increase, relative differences in vaccination rates tend to decrease while relative differences in failing to be vaccinated tend to increase. Absolute differences and differences measured by odds ratios tend also to be affected by the overall prevalence of an outcome, though in a more complicated way than the two relative differences. Roughly, as uncommon outcomes become more common, absolute differences tend to increase; as common outcomes become even more common, absolute differences tend to decrease. About a 140 references explaining these patterns may be found on the [Measuring Health Disparities](#) page (MHD) of jpscanlan.com and the nuances are discussed on the [Scanlan's Rule](#) page of the same site. The way more complex measures of disparities are affected by the overall prevalence of an outcome are addressed on the [Concentration Index](#) and [Gini Coefficient](#) sub-pages of MHD. The [Relative Versus Absolute](#) sub-page addresses reasons why simply presenting relative and absolute differences by no means addresses these issues. [Section E.7](#) of MHD addresses the extent of scholarly consensus with my views on these issues here and abroad. A few references are found after the signature.

Much of the work on these pages (including the references below), is highly critical of the NCHS and AHRQ for failing to address these measurement issues. See especially Sections E.4 and E.7 (a) of MHD and Section A.6 of the Scanlan's Rule page. I think that ultimately informed observers will agree with my views on measurement issues generally but in any case as to the way NCHS and AHRQ have ill-served the public interest by presenting so many appraisals of disparities without addressing the measurement issues that are increasingly being recognized at least in Europe.

I hope that in its further work in this area, especially the ambitious effort reflected in the recently-released report, CDC will give greater attention to these issues than government agencies have so far done.

Best regards,

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4. Measurement Problems in the National Healthcare Disparities Report, presented at American Public Health Association 135th Annual Meeting & Exposition, Washington, DC, Nov. 3-7, 2007: PowerPoint Presentation:
http://www.jpscanlan.com/images/APHA_2007_Presentation.ppt; Oral Presentation:
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5. Study illustrates ways in which the direction of a change in disparity turns on the measure chosen. *Pediatrics* Mar. 27, 2008 (responding to Morita JY, Ramirez E, Trick WE. Effect of school-entry vaccination requirements on racial and ethnic disparities in Hepatitis B immunization coverage among public high school students. *Pediatrics* 2008;121:e547-e552):
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Attachments: