

Inventory of Survey Databases for Native Hawaiian, Pacific Islander, and Filipino Health Disparities Research

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Abstract

The aim of this scoping review was to assist researchers who want to use survey data, either in academic or community settings, to identify and comprehend health disparities affecting Native Hawaiian (NH), Pacific Islander (PI), and/or Filipino populations, as these are groups with known and numerous health disparities. The scoping review methodology was used to identify survey datasets that disaggregate data for NH, PI, or Filipinos. Healthdata.gov was searched, as there is not an official index of databases. The website was established by the United States (US) Department and Health and Human Services to increase accessibility of health data for entrepreneurs, researchers, and policy makers, with the ultimate goal of improving health outcomes. Using the search term 'survey,' 332 datasets were retrieved, many of which were duplicates from different years. Datasets were included that met the following criteria: (1) related to health; (2) disaggregated NH, PI, and/or Filipino subgroups; (3) administered in the US; (4) publicly available; (5) individual-level data; (6) self-reported information; and (7) contained data from 2010 or later. Fifteen survey datasets met the inclusion criteria. Two additional survey datasets were identified by colleagues. For each dataset, the dataset name, data source, years of the data availability, availability of disaggregated NH, PI, and/or Filipino data, data on health outcomes and social determinants of health, and website information were documented. This inventory of datasets should be of use to researchers who want to advance understanding of health disparities experienced by NH, PI, and Filipino populations in the US.

Keywords

Data source, Native Hawaiian, Pacific Islander, Filipino, Health outcomes, Survey data

Abbreviations

AA=Asian American
ACS=American Community Survey
AHRQ=Agency for Healthcare Research and Quality
ATUS=American Time Use Survey
BRFSS=Behavioral Risk Factor Surveillance System
CDC=Centers for Disease Control and Prevention
CMS=Centers for Medicare and Medicaid Services
CHIS=California Health Interview Survey
CHL=Children's Healthy Living
CPS=Current Population Survey
FDA=Food and Drug Administration
HINTS=Health Information National Trends Survey
MCBS=Medicare Current Beneficiary Survey
MEPS=Medical Expenditure Panel Survey
NESARC=National Epidemiologic Survey on Alcohol and Related Conditions
NH=Native Hawaiian
PI=Pacific Islander
SEER=Surveillance, Epidemiology and End Results
SDOH=Social Determinants of Health

Introduction

Numerous health disparities have been discovered for Native Hawaiian (NH), Pacific Islander (PI), and Filipino populations through the analysis of survey data.¹ Survey datasets offer numerous strengths, including a patient-centered perspective² and information on social determinates of health (SDOH), including income, education, and neighborhood conditions, that play a significant role in shaping health disparities. Addressing SDOH can lead to more effective interventions.^{3,4} In addition, many of these surveys have been administered over decades, enabling tracking of changes over time.

Unfortunately, Asians Americans (AA) and NHPI are often grouped together under the single AAPI category or as 'other race.'⁵⁻⁸ The AA and NHPI labels cover more than 50 distinct ethnic groups with unique languages, cultures, and histories, underscoring the importance of disaggregating AA and NHPI data.⁹⁻¹¹ The objective of this scoping review is to provide descriptions of publicly available survey datasets that allow disaggregation of NH, PI, and Filipinos to support health disparities research.

Methodology

This scoping review employed the framework described by Peters et al.¹² For the search strategy, datasets on the US Department of Health and Human Services Health Data website (<https://healthdata.gov>) were reviewed using the search term 'survey' and retrieved 332 datasets. Many were the same dataset in different years (see **Figure 1**). Inclusion criteria were: (1) related to health; (2) disaggregated NH, PI, and/or Filipino subgroups; (3) administered in the US; (4) publicly available; (5) individual-level data; (6) self-reported information; and (7) data from 2010 or later. Two other datasets were included that were known to the investigative team from prior work.

For each dataset, **Table 1** lists the name of the survey, the disaggregated groups, the first year the survey was administered (2010 or later), the latest year of available data, and the survey sponsor. Subsequent tables describe the health variables and SDOH. The 5 domains for health variables included: (1) self-reported physical health; (2) self-reported mental health; (3) self-reported general health; (4) health behaviors (eg, physical activity, healthy eating, substance use); and (5) self-reported health conditions (eg, chronic diseases, mental health conditions). The 5 domains chosen for the SDOH were: (1) economic

stability; (2) education access and quality; (3) health care access and quality; (4) social and community context); and (5) neighborhood and built environment. These are the domains used by Healthy People 2030 in grouping measures for health equity monitoring.¹³ The survey datasets were summarized in terms of their level of disaggregation, their health measures, and their measures of social determinants of health.

Results

Summary of Survey Datasets

The search strategy yielded 15 survey datasets (Figure 1). Of these, 10 distinguish NH as a separate group, 9 distinguish PI, 10 distinguish Filipino separately, and 4 combine NH and PI but separate them from AA (Table 1). All datasets, except for the California Health Interview Survey, were sponsored by the federal government. The most frequently collected health variables were health behaviors (n=11), health conditions (n=11), and mental health (n=11), while physical health was the least common (n=7, Table 2). For SDOH, the most frequently collected variables were education (n=15) and health care access (n=11), while the least frequently collected were those related to neighborhood and built environments (n=4, Table 3).

Survey Dataset Descriptions

American Community Survey (ACS). Administered by the Census Bureau, ACS is a national survey that collects data on social, economic, housing, disability, and demographic characteristics of communities. Surveys are mailed to approximately 3.5 million addresses annually. The dataset disaggregates NHs, PIs, and Filipinos (Table 1). PI codes include Native Hawaiian, Samoan, Tongan, Guamanian/Chamorro, other Polynesian, other Micronesian, and other Melanesian groups; however, most PI groups have small sample sizes. Another limitation is the availability of few health variables (disability and self-reported health, Table 2). In contrast, there is a wide array of social determinants of health, including measures for economic stability, educational attainment, and health care access (Table 3). Data are available at <https://usa.ipums.org/usa/acs.shtml>.

American Time Use Survey (ATUS). Administered by the Bureau of Labor, ATUS involves personal or telephone interviews with approximately 10 000 randomly selected individuals who are recruited from households that have completed interviews for the Current Population Survey (CPS, described below). ATUS separates AA, NH, and PI (Table 1). AA subgroups include Asian Indian, Chinese, Japanese, Filipino, Korean, and Vietnamese. However, the number of participants from ethnic minorities can be small in a given year. ATUS has an eating and health module that asks about nutrition, general health, and body mass index (Table 2). For health-related behaviors, participants are asked about their activities in the past 24 hours, which are then grouped into specific activities such as sleeping,

biking, and sports/exercise/recreation. The survey also includes metabolic equivalents (METs) for each activity. SDOH include economic stability and educational attainment (Table 3). Data are available at <https://www.bls.gov/tus/>.

Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS, conducted by Centers for Disease Control and Prevention (CDC) in coordination with states and territories, is the nation's largest annual health-related telephone survey. Each year, more than 400 000 adults are interviewed about health-related risk behaviors and preventive health practices associated with chronic diseases, injuries, and preventable infectious diseases. National BRFSS reports do not disaggregate AA and/or NHPI. For Hawai'i, racial/ethnic groups include NH, PI, and Filipino. PI can be further broken down into Guamanian or Chamorro/CHamoru, Samoan, and Other Pacific Islander (Table 1). AA can be also further broken down into Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and Other Asian. Regarding health variables, chronic conditions covered by the survey include arthritis, asthma, cancer, diabetes, heart disease, high blood pressure and cholesterol (Table 2). SDOH from every domain are also available (Table 3). Hawai'i data are available at www.hhdw.org. National data are available at <https://www.cdc.gov/brfss/>.

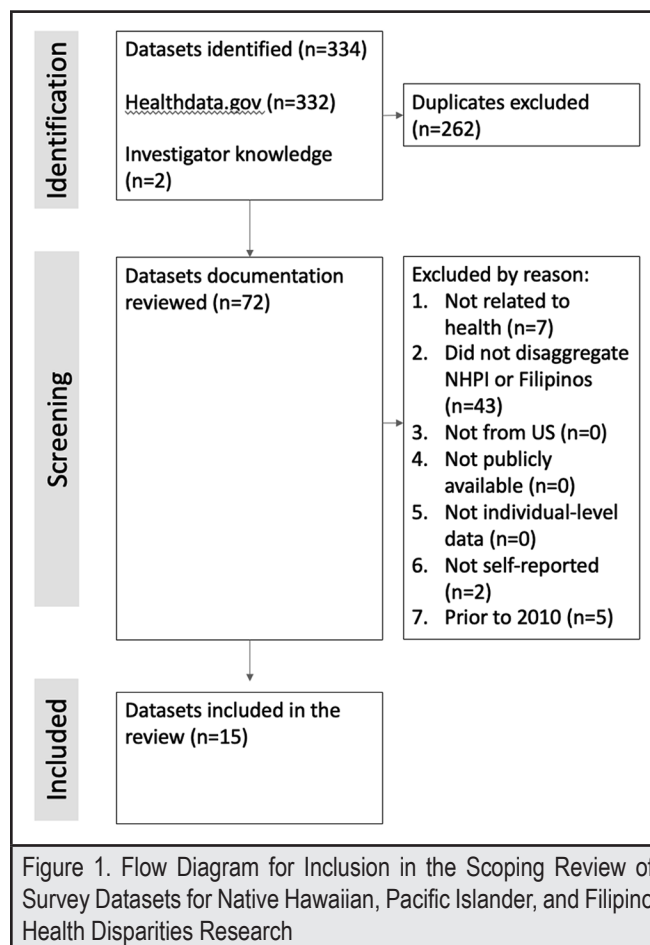


Table 1. Descriptions of Survey Datasets for Native Hawaiian, Pacific Islander, and Filipino Health Disparities Research Including Name, Disaggregated Groups, Years Available, and Survey Sponsor

	Dataset	Native Hawaiian (NH)	Pacific Islander (PI)	Filipino	NHPI (combined)	First Year Available (since 2010)	Most Recent Year	Sponsor
1	American Community Survey (ACS)	X	X ^a	X		2010	2020	Census Bureau
2	American Time Use Survey (ATUS)	X	X	X		2010	2022	Bureau of Labor
3	Behavioral Risk Factor Surveillance System (BRFSS)	X ^b	X ^{a,b}	X ^b		2010	2021	Centers for Disease Control and Prevention
4	California Health Interview Survey (CHIS)	X	X ^a	X		2010	2022	California Public Agencies & Private Organizations
5	Children's Healthy Living (CHL)	X	X ^a	X	X	2018	2020	US Department of Agriculture
6	Current Population Survey (CPS)			X	X	2010	2022	Bureau of Labor
7	Health Information National Trends Survey (HINTS)	X	X ^a	X		2010	2021	National Cancer Institute
8	Medicare Current Beneficiary Survey Data (MCBS)			X	X	2010	2020	Centers for Medicare & Medicaid Services
9	Medical Expenditure Panel Survey (MEPS)			X	X ^c	2010	2019	Agency for Healthcare Research & Quality
10	National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) - III				X	2013	2013	National Institute on Alcohol Abuse and Alcoholism
11	National Health Interview Survey (NHIS)	X	X			2010	2022	Centers for Disease Control and Prevention
12	National Survey on Drug Use and Health (NSDUH)	X	X	X		2010	2021 (Sampling methods changed in 2021)	Substance Abuse & Mental Health Services Administration
13	Pregnancy Risk Assessment Monitoring System (PRAMS)	X		X		2010	2021	Centers for Disease Control and Prevention
14	Youth Risk Behavioral Surveillance System (YRBSS) Data	X	X	X		2010	2021	Centers for Disease Control and Prevention
15	National Youth Tobacco Survey (YTS)				X	2010	2019	Centers for Disease Control and Prevention

NHPI = Native Hawaiian and Pacific Islander. ^a Pacific Islander can be further disaggregated. ^b Only available in Hawai'i state data. ^c NHPI can be identified by data manipulation using multiple variables.

California Health Interview Survey (CHIS). Conducted since 2001 by the University of California at Los Angeles in collaboration with the California Departments of Public Health and Health Care Services, CHIS is an annual web and telephone survey of approximately 20 000 Californians, including adults, adolescents, and children. Filipinos are identified as well as NHs, Samoans, American Samoans, Tongans, Fijians, and other PIs (**Table 1**). A strength of the dataset is the wide range of measures on general and mental health, health-related behaviors, and health conditions (**Table 2**). Variables from each of the five domains of SDOH are included (**Table 3**). Data are available at <https://healthpolicy.ucla.edu/chis/Pages/default.aspx>.

Children's Healthy Living (CHL). Funded by the Department of Agriculture, the CHL study is the first attempt to investigate the dietary intakes of children residing in Alaska, American Samoa, Commonwealth of the Northern Mariana Islands, Freely Associated States (including the Federated States of Micronesia, Pohnpei, Yap, Kosrae, Republic of the Marshall Islands, Republic of Palau), Guam, and Hawai'i. Data were collected between 2012 and 2020. CHL initially began as a randomized trial of an environmental intervention and has continued as a follow-up study of young children in the trial. The survey method was a paper survey, with interviews conducted with caregivers of children aged 2-8 years old. CHL distinguishes NHPI from Asian categories (**Table 1**). Regarding health variables, the CHL includes information on health-related behaviors, such as nutrition, and health conditions including obesity (**Table 2**).

Table 2. Health Variables Included in Each Survey Dataset						
	Dataset	Self-reported health - Physical ^a	Self-reported health - Mental ^b	Self-reported health - General ^c	Health behaviors ^d	Health conditions ^e
1	American Community Survey (ACS)	No	No	Yes	No	Yes
2	American Time Use Survey (ATUS)	No	No	No	Yes	Yes
3	Behavioral Risk Factor Surveillance System (BRFSS)	Yes	Yes	Yes	Yes	Yes
4	California Health Interview Survey (CHIS)	No	Yes	Yes	Yes	Yes
5	Children's Healthy Living (CHL)	No	No	No	Yes	Yes
6	Current Population Survey (CPS)	No	No	Yes	No	No
7	Health Information National Trends Survey (HINTS)	No	Yes	Yes	Yes	Yes
8	Medicare Current Beneficiary Survey Data (MCBS)	Yes	Yes	Yes	Yes	Yes
9	Medical Expenditure Panel Survey (MEPS)	Yes	Yes	Yes	Yes	Yes
10	National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) - III	Yes	Yes	No	Yes	Yes
11	National Health Interview Survey (NHIS)	Yes	Yes	Yes	No	Yes
12	National Survey on Drug Use and Health (NSDUH)	Yes	Yes	Yes	Yes	No
13	Pregnancy Risk Assessment Monitoring System (PRAMS)	Yes	Yes	Yes	Yes	No
14	Youth Risk Behavioral Surveillance System (YRBSS) Data	No	Yes	No	Yes	Yes
15	National Youth Tobacco Survey (YTS)	No	Yes	No	No	No

^a Self-reported health – Physical refers to a question like “How would you rate your physical health”

^b Self-reported health – Mental refers to a question like “How would you rate your mental health”

^c “Self-reported health – General refers to a question like “in general, would you say that your health is excellent, very good, good, fair, or poor.”

^d Health behaviors refer to the actions, attitudes, and habits related to health and wellbeing such as, physical activity, healthy eating, substance use, stress management, and preventive health care.

^e Health conditions refer to any physical and mental condition such as infectious diseases, chronic diseases, mental health conditions, injuries, genetic conditions, and environmental conditions.

SDOH include economic stability, educational attainment, and community-built environment (**Table 3**). Data are available at <https://www.chl-pacific.org/>.

Current Population Survey (CPS). CPS is a survey conducted by the Census Bureau, with data collected through personal or phone interviews. Data from 1952 to 2022 are available. Approximately 60 000 households are surveyed each month, providing data on employment and unemployment as well as workforce participation. Asian categories in the CPS include Asian Indian, Chinese, Japanese, Filipino, Korean, and Vietnamese, with other racial categories being White, Black, American Indian, Alaskan Native, and NHPI (**Table 1**). Health information is limited to self-reported general health (**Table 2**). A strength of the dataset is the large number of variables related to SDOH, including economic stability, educational attainment, and health care access (**Table 3**). Data are available at <https://cps.ipums.org/cps/>.

Health Information National Trends Survey (HINTS). Sponsored by the National Cancer Institute and available since 2003, HINTS collects nationally representative data about the use of cancer-related information. In 2021, cancer survivors were oversampled for HINTS, drawing from a sample of 3 cancer registries from the Surveillance, Epidemiology and End Results (SEER) program. Researchers can link the 2021 HINTS to data elements from SEER to get a more comprehensive understanding of health, cancer diagnoses, treatment, and outcomes. HINTS ethnic categories include Filipino, NH, Guamanian or Chamorro/CHamoru, Samoan, and Other Pacific Islander, but multiple years may need to be combined because of small numbers of these ethnic groups in the dataset (**Table 1**). Health information includes mental and general health, health behaviors, and health conditions (**Table 2**). Information on SDOH is available for all domains except for neighborhood and built environment (**Table 3**). Data are available at <https://hints.cancer.gov/>.

Table 3. SDOH Included in each Survey Dataset						
	Dataset	Economic Stability ^a	Education Access & Quality ^b	Health care Access & Quality ^c	Social & Community Context ^d	Neighborhood & Built Environment ^e
1	American Community Survey (ACS)	Yes	Yes	Yes	No	No
2	American Time Use Survey (ATUS)	Yes	Yes	No	No	No
3	Behavioral Risk Factor Surveillance System (BRFSS)	Yes	Yes	Yes	Yes	Yes
4	California Health Interview Survey (CHIS)	Yes	Yes	Yes	Yes	Yes
5	Children's' Healthy Living (CHL)	No	Yes	No	Yes	No
6	Current Population Survey (CPS)	Yes	Yes	Yes	No	No
7	Health Information National Trends Survey (HINTS)	Yes	Yes	Yes	Yes	No
8	Medicare Current Beneficiary Survey Data (MCBS)	Yes	Yes	Yes	Yes	No
9	Medical Expenditure Panel Survey (MEPS)	Yes	Yes	Yes	No	No
10	National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) - III	Yes	Yes	Yes	Yes	No
11	National Health Interview Survey (NHIS)	Yes	Yes	Yes	No	Yes
12	National Survey on Drug Use and Health (NSDUH)	Yes	Yes	Yes	Yes	No
13	Pregnancy Risk Assessment Monitoring System (PRAMS)	Yes	Yes	Yes	Yes	No
14	Youth Risk Behavioral Surveillance System (YRBSS) Data	No	Yes	No	Yes	Yes
15	National Youth Tobacco Survey (YTS)	No	Yes	No	No	No

^a Economic stability refers to an individual or population's ability to access and maintain sufficient financial resources to meet their basic needs such as food and housing.
^b Education access refers to the ability of individuals to obtain education, including primary, secondary, and higher education; while education quality refers to the level of excellence of the education being received.
^c Health care access refers to the ability of individuals to obtain health care services, including preventive services, primary care, and specialized care when needed; while health quality refers to the level of excellence of the health care services being received.
^d Social and community context refers to social and cultural factors that can impact an individual's health and wellbeing, including factors such as social support and racial discrimination.
^e Neighborhood and built environment refers to the physical surroundings in which people live, work, and play. Some examples include housing quality, access to healthy food, availability of green spaces, air and water quality, access to transportation, and neighborhood safety.

Medicare Current Beneficiary Survey (MCBS). MCBS is an ongoing survey by the Centers for Medicare and Medicaid with accessible data from 1991. It collects data from a nationally representative sample of the Medicare population to determine the sources of payment and expenditures for all services. While NH and PI are aggregated as NHPI, Filipinos are treated as a distinct group from other Asians (**Table 1**). Health outcomes include mental, physical, and general health, as well as health-related behaviors and health conditions (**Table 2**). SDOH include economic stability, educational attainment, health care access, and social and community context (**Table 3**). Data are available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS>.

Medical Expenditure Panel Survey (MEPS). Available since 1996, MEPS is a large-scale survey conducted by the Agency for Healthcare Research and Quality (AHRQ) that includes 3 components – household, provider, and insurance. MEPS follows a longitudinal panel for 2 years. A new panel of sample households are sampled each year from respondents to the National Health Interview Survey (NHIS), discussed below, to provide household data. The provider component surveys hospitals, physicians, and other medical facilities that provided care to sampled household members. The insurance survey collects data on health insurance plans, benefits, and annual contributions made by employers and employees. The dataset disaggregates Filipino, Chinese, Asian Indians from other Asian

ethnic groups since 2012; however, NHPI are grouped together (Table 1). Due to the small NHPI sample size (<200/year), multiple years of data should be combined to study NHPI. Health variables include physical, mental, and general health, as well as health-related behaviors and health conditions (Table 2). SDOH include economic stability, educational attainment, and health care access (Table 3). Data are available at <https://meps.ahrq.gov>.

National Epidemiologic Survey on Alcohol and Related Conditions (NESARC-III). The National Institute on Alcohol Abuse and Alcoholism sponsored NESARC to collect data on alcohol use from a nationally representative sample of adults in the US. The first 2 waves of the NESARC were conducted between 2001 and 2005. The latest survey data were collected between 2012 and 2013, with a sample size of over 36 000 respondents. NHPIs are combined but separated from AAs (Table 1). For health, NESARC collected information on alcohol and drug use and disorders, related risk factors, and associated physical and mental disabilities (Table 2). SDOH include economic stability, educational attainment, health care access, and social and community context (Table 3). Data are available at <https://www.niaaa.nih.gov/research/nesarc-iii>.

National Health Interview Survey (NHIS). Established in 1963, NHIS is conducted by CDC to monitor trends in illness and disability and to track progress toward national health objectives. NHIS is a cross-sectional household interview survey conducted, gathering data from about 30 000 adult interviews and 9000 child interviews per year. Through 2018, AAs were separated into detailed categories including Filipino, but NHPI was not a separate racial/ethnic category. From 2019, NHIS has not reported detailed and disaggregated AA groups, and NHPI information is only available in the restricted data, meaning release of this data requires an application and approval (Table 1). Core health questions include chronic conditions, health-related behaviors, functioning, and disability (Table 2). SDOH include economic stability, educational attainment, and health care access (Table 3). Data are available at <https://www.cdc.gov/nchs/nhis/index.htm>.

In 2014, NHIS sponsored an oversampling of NHPI, in which about 3000 households containing 1 or more NHPI resident were surveyed using the 2014 NHIS instrument. For the NHPI NHIS, race/ethnic categories included NH, Guamanian or Chamorro/CHamoru, Samoan, Other Pacific Islander, and Filipino. Data are available at <https://www.cdc.gov/nchs/nhis/nhpi.html>.

National Survey on Drug Use and Health (NSDUH). This survey has been administered by the Substance Abuse & Mental Health Services Administration since 1971. NH, PI, and Filipinos are separated from other groups (Table 1). Regarding health, the survey tracks specific substance use and mental illness measures and assesses substance use disorders and treatment for these disorders (Table 2). For health behaviors, the survey asks

about use of alcohol, marijuana, cocaine, hallucinogens, heroin, inhalants, tobacco, pain relievers, tranquilizers, stimulants, and sedatives. SDOH include economic stability, educational attainment, health care access, and social and community context (Table 3). Data are available at <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>.

Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS is a state-based surveillance project conducted by the CDC that collects data on maternal attitudes and experiences before, during, and shortly after pregnancy. Women who have recently given birth are randomly selected from the site's birth certificate registry to receive a survey by mail. PRAMS currently covers about 81% of all US live births, with annual sample sizes ranging from 1000 to 3000 pregnant persons per state. Racial and ethnic categories vary by state. Hawai'i PRAMS data is available since 2000 and data are disaggregated for Filipinos and NHs by maternal race (Table 1). For health and health-related behaviors, PRAMS includes information on self-reported health, breastfeeding, cigarette smoking and alcohol use, and physical abuse (Table 2). For social determinants of health, PRAMS includes variables describing economic stability, educational attainment, health care access (eg, prenatal care and Medicaid and WIC participation), and social and community context (Table 3). Data are available at (<https://www.cdc.gov/prams/prams-data/researchers.htm#variables>) and at the Hawai'i Health Data Warehouse (<https://hhdw.org/data-sources/pregnancy-risk-assessment-monitoring-system/>).

Youth Risk Behavioral Surveillance System (YRBSS). Similar to the BRFSS described above, YRBSS collects data on health behaviors among youth. Since 1991, the national YRBSS is administered biennially by the CDC to high school students (grades 9-12) in public and private schools in the US, and to middle school students in some states, territories and local educational agencies. A representative sample is generated using a 3-stage cluster sample design, and the average annual sample size ranges between 12 000 to 18 000. Data are available at <https://www.cdc.gov/healthyyouth/data/yrbs/data.htm>.

For Hawai'i, YRBSS is administered through a collaboration between the CDC, the Hawai'i State Departments of Education and Health, and the University of Hawai'i, utilizing as dual modes of paper or online survey. Two different surveys are conducted, 1 for middle school students (grades 6-8) and another for high school students (grades 9-12), within public non-charter schools in Hawai'i. Since 2011, the annual average sample size has ranged between 5000 and 6000. YRBSS Hawai'i collects disaggregated racial categories that include Filipino, NH, and PI (Table 1). The survey collects data on health risk behaviors such as unhealthy dietary patterns, inadequate physical activity, tobacco, alcohol, and other drug use, sexual behaviors, and unintentional injuries and violence (Table 2). SDOH include educational attainment, social and community context, and neighborhood and built environment

(Table 3). Additionally, visits to doctors and dentists are also assessed. Data are available at <https://hhdw.org/data-sources/youth-risk-behavior-survey/>.

Youth Tobacco Survey (YTS). The national YTS has been administered annually since 1999 through a joint collaboration between the CDC and the Food and Drug Administration (FDA). YTS was administered as a paper survey but and transitioned to an online format in 2019. The survey targets middle school and high school students in the 50 states and the District of Columbia, with a national sample size between 14 000 and 36 000. The national YTS collects aggregated race data (Asian, and NHPI), which can be accessed at https://www.cdc.gov/tobacco/data_statistics/surveys/nyts/data/index.html.

In Hawai‘i, YTS was administered to public school students (both middle and high school) as a module in the Hawai‘i School Health Survey from 2003 to 2019, along with the YRBSS. The Hawai‘i YTS was administered biennially and had disaggregated race categories such as NH, PI, and Filipino (Table 1). YTS collected comprehensive data on health-related behaviors, including tobacco use, minors’ access to tobacco products, exposure to second-hand tobacco smoke, knowledge and attitudes about tobacco, smoking cessation, knowledge about media messages, and school curriculum (Table 2). For SDOH, the only variable collected was educational attainment (Table 3). Unfortunately, the CDC discontinued the state-based YTS after 2019. Data are available at <https://hhdw.org/data-sources/youth-tobacco-survey/>.

Discussion

This inventory of publicly available survey datasets includes 15 databases of potential use by researchers interested in studying health disparities among NH, PI, and Filipino populations. Strengths of these datasets are that they include measures of health and SDOH, and many have available data since 2010, allowing for the examination of changes over time. The main limitation of these datasets is the relatively small sample size of NH, PI, and Filipino populations, which may require investigators to combine data from multiple years to study health disparities.

There are several limitations to this review. First, survey datasets were initially identified using a single federal website and the knowledge of the author team. As a result, there may be additional datasets that could be useful to researchers that are not captured in this review. Second, because many datasets were described in this manuscript, there was only space for brief discussions of each dataset. Investigators will need to go to the websites to find out more information.

Conclusion

Despite these limitations, this review will hopefully be useful to investigators interested in examining health disparities affecting NH, PI, and Filipinos. Analysis of these datasets will enable identification of areas to target for future research, with the ultimate goal of achieving health equity for NH, PI, and Filipino populations.

Conflict of Interest

None of the authors identify a conflict of interest.

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