Health Agencies Update

New Recommendations for Collecting Sex and Gender Data
The National Institutes of Health (NIH) should standardize language when collecting data about sex and gender identity, says a new report from the National Academies of Sciences, Engineering, and Medicine.

The US Department of Health and Human Services sponsored the report, which notes that a lack of consistent language across surveys and studies makes it difficult to compare data and results accurately. The report provides guidelines for measuring sex, gender identity, and sexual orientation; outlines specific questions that researchers can use in surveys; and suggests definitions to standardize terminology.

The report states that male and female binary measures of biological sex don’t accurately represent all individuals. NIH researchers should only collect data on sex as a biological variable when examination of sex traits is relevant to a study. Furthermore, the report suggests that gender data should be collected alongside sex data, as information about gender is often more relevant to an analysis.

The report’s guiding principles include only collecting necessary data and ensuring that respondents’ confidentiality is respected. When creating data collection instruments, researchers should use inclusive language and precise terminology to reflect the complex nature of sex, gender, and sexual orientation. Lastly, survey respondents should be able to self-identify.

“Making changes to the way these data are collected will not only enhance data quality but also improve the research experience for the same population we seek to count,” report committee cochair Marshall Chin, MD, MPH, said in a statement.

White Individuals Experience Less COVID-19–Related Discrimination
Compared with White individuals, all other major racial and ethnic groups in the US experience more COVID-19 discrimination, according to a study coauthored by researchers from the National Institute on Minority Health and Health Disparities. Respondents who identified as Asian, irrespective of national origin, and American Indian or Alaska Native individuals were most likely to experience such discrimination. The findings also suggest that COVID-19 discrimination against Asian individuals has increased over the course of the pandemic.

The authors analyzed YouGov survey data collected between December 2020 and February 2021 from 5500 US adults. Respondents answered questions posed in English or Spanish about their exposure to COVID-19-related discrimination. Experiencing discriminatory behavior was defined as hearing racist comments, being harassed or threatened, or being called names or insulted—specifically because someone thought the respondent had COVID-19.

About 22% of respondents reported experiencing COVID-19–related discrimination and almost 43% reported that others had acted afraid of them because of suspected COVID-19 infection. After adjusting for other variables, White individuals were less likely than all other racial and ethnic groups to experience some level of COVID-19–related discriminatory behaviors. Asian and American Indian or Alaska Native individuals were significantly more likely than White individuals to report sometimes or always experiencing the discrimination.

Other factors that correlated with discrimination included an annual income of less than $60 000, less than a high school education, limited English proficiency, or residing in Alabama, Kentucky, Mississippi, or Tennessee.

“It appears that the COVID-19 pandemic has exacerbated preexisting resentment against racial/ethnic minorities, immigrants, and other marginalized communities,” the authors concluded in the American Journal of Public Health. “Moving forward, better efforts will be needed, especially from public officials, to minimize racial driven language around COVID-19 and future pandemics to stop targeted discrimination and xenophobia.”

More Black Individuals Insured After Affordable Care Act
A report from the US Department of Health and Human Services found that the rate of Black individuals in the US who are uninsured has declined by 40% since the implementation of the Affordable Care Act. The number of uninsured Black individuals younger than 65 years decreased from 20% in 2011 to 12% in 2019.

“Since the passage of the Affordable Care Act nearly 12 years ago, the law has significantly expanded access to life-saving health coverage, including for Black communities across the country,” Centers for Medicare & Medicaid Services Administrator Chiquita Brooks-LaSure, MPP, said in a statement.

The report notes that when health insurance Marketplace subsidies increased under the American Rescue Plan in 2021, 66% of uninsured Black individuals could find a plan at no cost and 76% could find a plan for less than $50 a month. Additional funding for enrollment-boosting outreach efforts during the 2021 Special Enrollment Period (SEP) may have also helped with plan uptake. The number of SEP enrollees who identified as Black increased to 15% in 2021 from 9% in 2019.

Despite improvements, the uninsured rate is still higher for Black individuals than White individuals—12% vs 9%, respectively—and southern states that haven’t expanded Medicaid exhibit some of the highest uninsured rates across demographics.

— Melissa Suran, PhD, MSJ

Note: Source references are available through embedded hyperlinks in the article text online.