

Register

A joint project of the Sylvester Comprehensive Cancer and Center and the Florida Department of Health

Division of Cancer Prevention and Control

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Collecting Birthplace: An Overlooked and Under Appreciated Data Item

By Brad Wohler, MS

Do you consider the admission staff at your facility an integral part of the cancer control team? How many of you are on a first name basis with the admission staff at your facility? Do you regularly communicate with the admission staff to tell them what a great job they're doing? Does the admission staff at your facility know how important their work is to you and to the overall cancer surveillance and control efforts in Florida? Does adding a question to your facility's admission form take a Congressional act or simply a meeting with your Admissions Director?

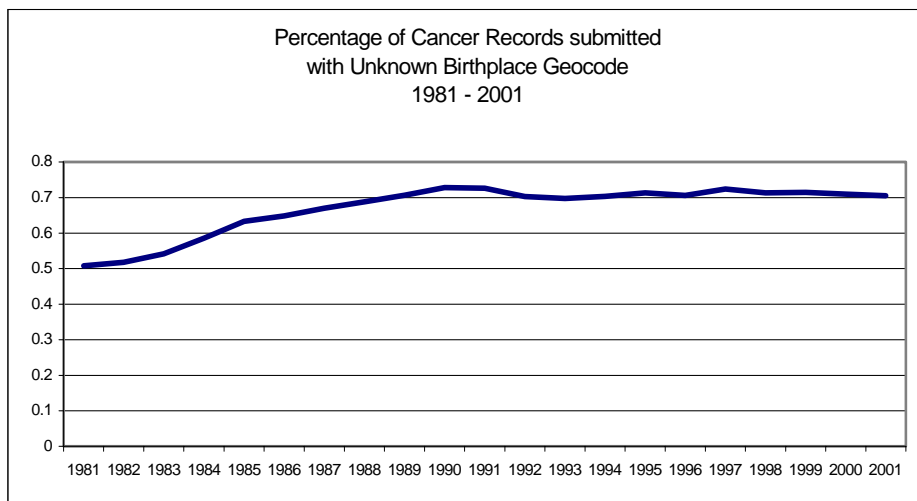
Birthplace geocode is an often overlooked and under appreciated data item on the cancer abstract. This statement is based on the fact that over two-thirds of reporting facilities in Florida have unknown birthplace coded for over 75% of their total records. Unknown birthplace may be coded as unknown for several reasons,

one being that your facility does not collect the information, another is that the information is deeply buried in the nurses/physician notes and it takes earth moving equipment to find it.

Could the non-collection issue be resolved by simply asking your admission staff to add birthplace to the admissions form and explaining the importance of collecting birthplace information?

For those records with a diagnosis date in the year 2001, approximately 71% of the records had the birthplace geocode coded as unknown. As seen in the graph below, when the Florida Cancer Data System began collecting data, the percentage of unknown birthplace was approximately 51%. The percentage of unknowns continued to increase until it reached a high of 73% in 1990 and since then has continued to maintain fairly constant at around 70%.

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In addition, the percentage of cases submitted with unknown birthplace varies widely between the different reporting facilities. Out of all 528 reporting facilities, only 50 (~10% of facilities) had fewer than 25% of their total records with unknown birthplace.

% of records with Unk Birthplace	Number of Facilities	Percent
< 25%	50	9.47
11 - 50%	47	8.90
51 - 75%	72	13.64
76 - 99%	213	40.34
100%	146	27.65
Total	528	100.00

Why is collecting birthplace information so important? There are many reasons for collecting this information, the following are just some of the many reasons: to determine race and ethnicity; aid in identifying health risk factors; indicate immigration status foreign born versus born in the U.S.; a proxy for acculturation; and to examine health care use and associated health care needs.

In some cases birthplace geocode can be used to indirectly resolve unknown race or ethnicity. In fact, the North American Association of Central Cancer Registries (NAACCR) recently added a new process to its Annual Call for Data. The process is called the NAACCR Hispanic Identification Algorithm (NHIA), and it was designed for two purposes; 1) to enhance the identification of Hispanics, and 2) to standardize the indirect classification of Hispanics using last name, sex, race and birthplace data. After executing the Hispanic Identification Algorithm for data from 1995 through 2001, we were able to change the unknown ethnicity status for 10,427 records. A similar process could be implemented in the future for Asians.

Birthplace geocode can also be a useful variable in data analysis. Ideally, when analyzing a data set, the researcher tries to make the groups as homogeneous as possible; birthplace is one variable that can be used to create groupings with identical characteristics. One example of using birthplace geocode in analysis was published in 1997 in the Journal of Human Biology. The researcher was interested in comparing mortality rates for New York residents based on US region at birth. His principal findings were that southern born blacks had much higher rates for cancer and heart disease compared to blacks born in the northeast.

Comparing foreign born and US born of the same racial and or ethnic groups is yet another important reason for collecting birthplace geocode. Research comparing cancer incidence and mortality among migrants can be used to provide information on the etiology of cancer. There have been many research papers studying Hispanics born outside the US to Hispanics born within the US. The same technique has been used to compare foreign-born Asians to first generation Asians. Some research has also been done studying African Americans to migrant Africans now living in the US. Results from the research papers have resulted in the formation of many hypotheses regarding genetic, environmental and lifestyle factors and their effect on the development and prognosis of cancer.

Acculturation is very difficult if not impossible to collect. In an effort to indicate the degree of acculturation, several researchers have used birthplace geocode in combination with social security or language skills to serve as a proxy for acculturation. Acculturation data in turn can be used to examine differences in cancer occurrence and explore various environmental exposures.

Another important use of birthplace geocode is to more effectively address health care use and access issues. Health behaviorists can target specific interventions to concentrations of very specific racial and ethnic groups, thus more effectively focusing their interventions. In addition, health care use by specific subpopulations can be more closely examined to look for patterns. For example there may be some subpopulations that are less likely to access health care due to cultural or lifestyle reasons.

I hope that after you read this article you will better understand the potential of birthplace geocode and it's role in cancer control. Remember that cancer control encompasses many people in many different areas. Working together we can make a difference! In closing, I am reminded of the last NAACCR meeting in Hawaii, and how Daniel Miller from CDC stressed in his keynote address that cancer registries need to reach out and form partnerships not only with the community they serve, but also with the people they work hand in hand with.

Ideas for this article were taken from Birthplace Data: An Important Piece of the Cancer Puzzle.

Completeness Report
As of December 1, 2003

Calendar Year 2003 Admissions
13% Completed—42% Expected

CALENDAR OF EVENTS

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FCRA REGIONAL WORKSHOP

“Data Collection of Primary Central Nervous System Tumors”

Date: March 20, 2004 – Orlando, FL
Contact: Patricia Bentley, CTR, Program Chair, patbentley@cfl.rr.com.

CTR EXAM INFORMATION

DATES AND DEADLINES:

Website: www.ncra-usa.org
Application Deadline: January 31, 2004
Testing Begins: March 13, 2004
Testing Ends: March 27, 2004

Application Deadline: July 31, 2004
Testing Begins: September 11, 2004
Testing Ends: September 25, 2004

The Certification Examination will be administered during two 2-week testing periods on a daily basis, Monday through Saturday, excluding holidays, at LaserGrade Computer Testing Inc.'s computer-based testing facilities managed by Professional Testing Corporation.

NCRA 30TH ANNUAL EDUCATIONAL CONFERENCE

Date: April 20-23, 2004
Location: Portland, Oregon
Website: <http://www.ncra-usa.org>

NAACCR ANNUAL CONFERENCE

“Exploring New Frontiers in Cancer Surveillance”

Date: June 8-10, 2004
Location: Salt Lake City, UT
Website: <http://naaccr.org>

FCDS ANNUAL MEETING

Date: July 27-28, 2004
Location: Embassy Suites Hotel
USF/Busch Gardens, Tampa, FL
Website: <http://fcds.med.miami.edu>

FCRA ANNUAL MEETING

Date: July 29-30, 2004
Location: Embassy Suites Hotel
USF/Busch Gardens, Tampa, FL



FCDS will no longer run the Facility Alpha List or Quarterly/Yearly Mortality Match reports for hospitals as of January 1, 2004.

These reports can be downloaded from the FCDS website:

**Facility Alpha List*
Quarterly/Yearly
Mortality Match***

*In order for you to run these reports, be sure to obtain access by completing the FCDS IDEA User Account Request Form and a Web-based Report Access Authorization and Account Request Memo. Both of these forms can be downloaded from the website.



PROCESS IMPROVEMENT WORKSHOP AWARDS OFFERED BY NAACCR

State/provincial and local tumor registrar associations as well as other groups of cancer registry professionals are invited to apply for a Process Improvement Workshop Award (PIWA). The PIWA application and additional information about the program can be accessed from the NAACCR website: <http://www.naaccr.org> under: Process Improvement Program.

**Congratulations to the
September, 2003
CTR Recipients for the
State of Florida:**



**Tamala H Bunze, CTR
Denise M. Colburn, CTR
Randie Davis, CTR
Loretta Gates, CTR
Emma Hart, CTR
Paula Landry-Griner, CTR
Margarita B. Mena, CTR
Karen L Myers, CTR
Maud Y. Smith, CTR
Paulette Y. Thomas, CTR**



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**Your hard work and dedication
throughout this past year
are greatly appreciated.**

**May the peace and joy of the
Season be yours through the New Year.**

**C o l l a b o r a t i v e
S t a g e**

Reporting Facilities **should not** be submitting any cases diagnosed from January 1, 2004 & forward until the computerized modules for Collaborative Stage are in place (on or about July 1, 2004). FCDS will keep you informed of training and implementation of the Collaborative Stage variables.



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