

## **Supplemental Area Based Social Measures (ABSM)**

Epidemiologists cannot ignore the impact of social conditions on population health. Cancer registries currently collect the Krieger Poverty codes which is an area based social measure (ABSM) based on the census data on the percent of people living below poverty. These codes are available in cancer registry data in the US at the county and census tract-level and can be used to assess the impact of poverty on an individual-level, using the poverty ABSM as a proxy, and community-level, addressing both the compositional and contextual effects of social environment on cancer.

The Krieger codes have been the standard, but the codes were developed using New England census data. For other regions on the county with higher poverty rates and for population groups with higher poverty rates, the Krieger cutpoints result in residual confounding and using these cutpoints can mask real disparities, particularly when analyzing minority populations. Additionally, other social data may also be important to include in etiologic and public health planning research, such as language isolation or housing security. Instead of relying on just the single poverty measure of SES, researchers have developed a multifactorial socioeconomic index to evaluate the potential impact of socioeconomic gradients on cancer burden. This index, called the Yost Index because it was developed by Kathleen Yost, requires a number of area based social measures that are available from the census.

With the above in mind, NAACCR is requesting supplemental, tract-level ABSMs to be submitted during call for data for evaluation. The list of variables is available in a separate Excel spreadsheet. The variables are pulled from 2 different time periods, and the data are appended to the case using NAACCRPrep. The tract is then stripped from the data. No tract is submitted to NAACCR. The data will be used internally to create a tract-level Yost index which will be evaluated for confidentiality and Fitness for Use in cancer surveillance research by a NAACCR Taskforce. The data will also be used to develop useful, race/ethnic based cutpoints to enable research on poverty by minority groups. Other single variables will be assessed for Fitness for Use in health disparities research on cancer surveillance data. ***NO supplemental data will be released to outside researchers.***

If you would like to submit these supplemental data items, please use NAACCRPrep. If you have any questions, please contact Recinda Sherman at [rsherman@naaccr.org](mailto:rsherman@naaccr.org) or 217-698-0800 x6.