Translating Health Equity Science Principles into Data for Action

Kristie E. N. Clarke MD MSCR FAAP

(she/her)

CDR, US Public Health Service

Senior Advisor on Data for Health Equity

Office of Public Health Data, Surveillance, and Technology

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Principles of Health Equity Science for Public Health Action Defined

Conduct **health equity science for action**

Clarify use of **race and ethnicity** data

Promote the visibility of **groups that might be inadequately represented**

Emphasize **drivers** of health inequities

Use appropriate **measures** of health disparities

Address the **contexts** that contribute to health inequities

Key Considerations: Application of Health Equity Science Princiciples

Recognize that equity is essential for a thriving and just society

Leverage health equity science to help build an evidence base on the impact of health equity program and policy interventions

Engage the community

Apply an equity lens throughout the scientific process
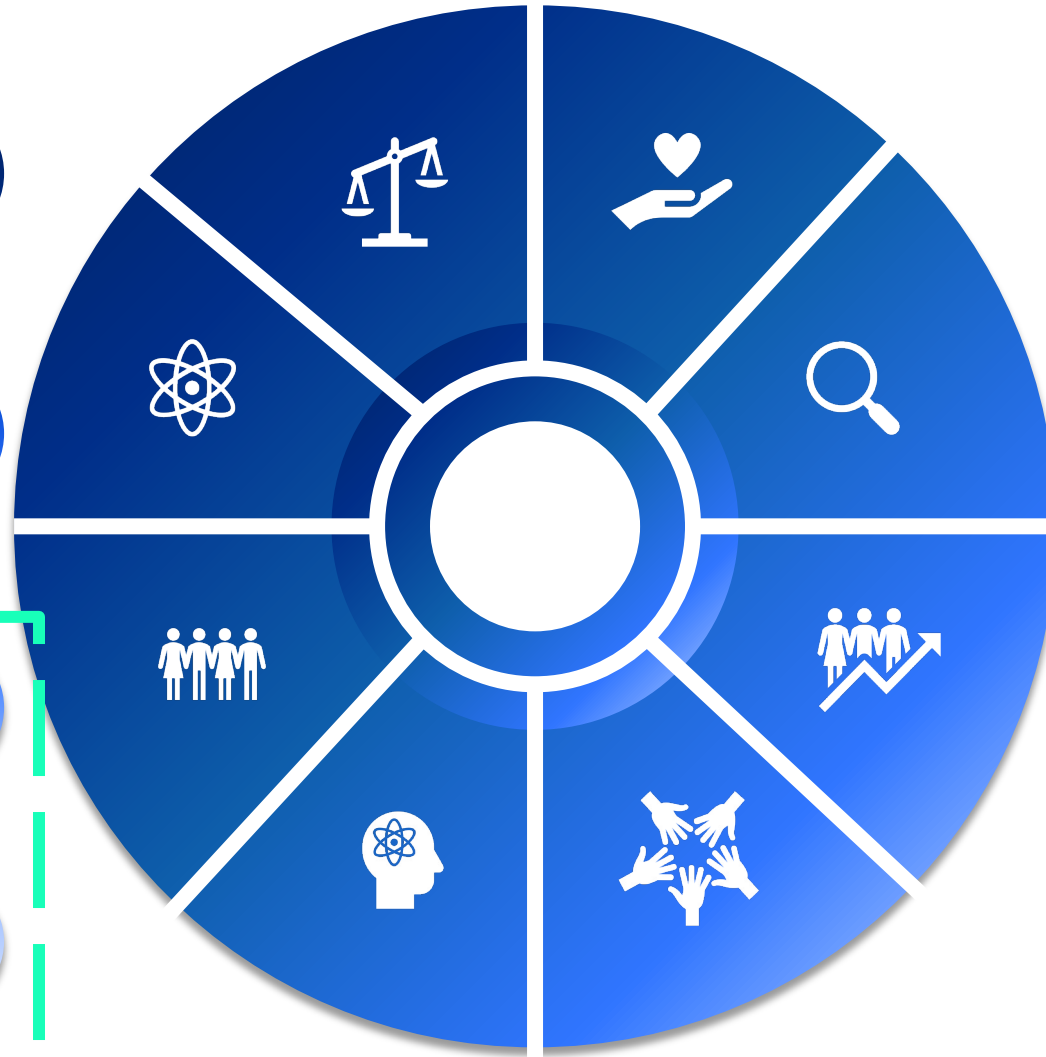
Use conceptual models/frameworks that recognize structural and social determinants of health as root causes of drivers of inequity

Embody antiracism by naming and examining the health impacts of racism

Identify and evaluate interventions to eliminate racial inequities

Address discrimination, stigma, and systems of oppression that contribute to health inequities

How can data modernization help us improve health equity science?

In order to...

Conduct health equity science for action

We need...

Public health data systems that provide actionable data on equity

Data improvements are needed to guide public health action in real time to mitigate health disparities

PROBLEM

Traditionally we have primarily described health disparities retrospectively
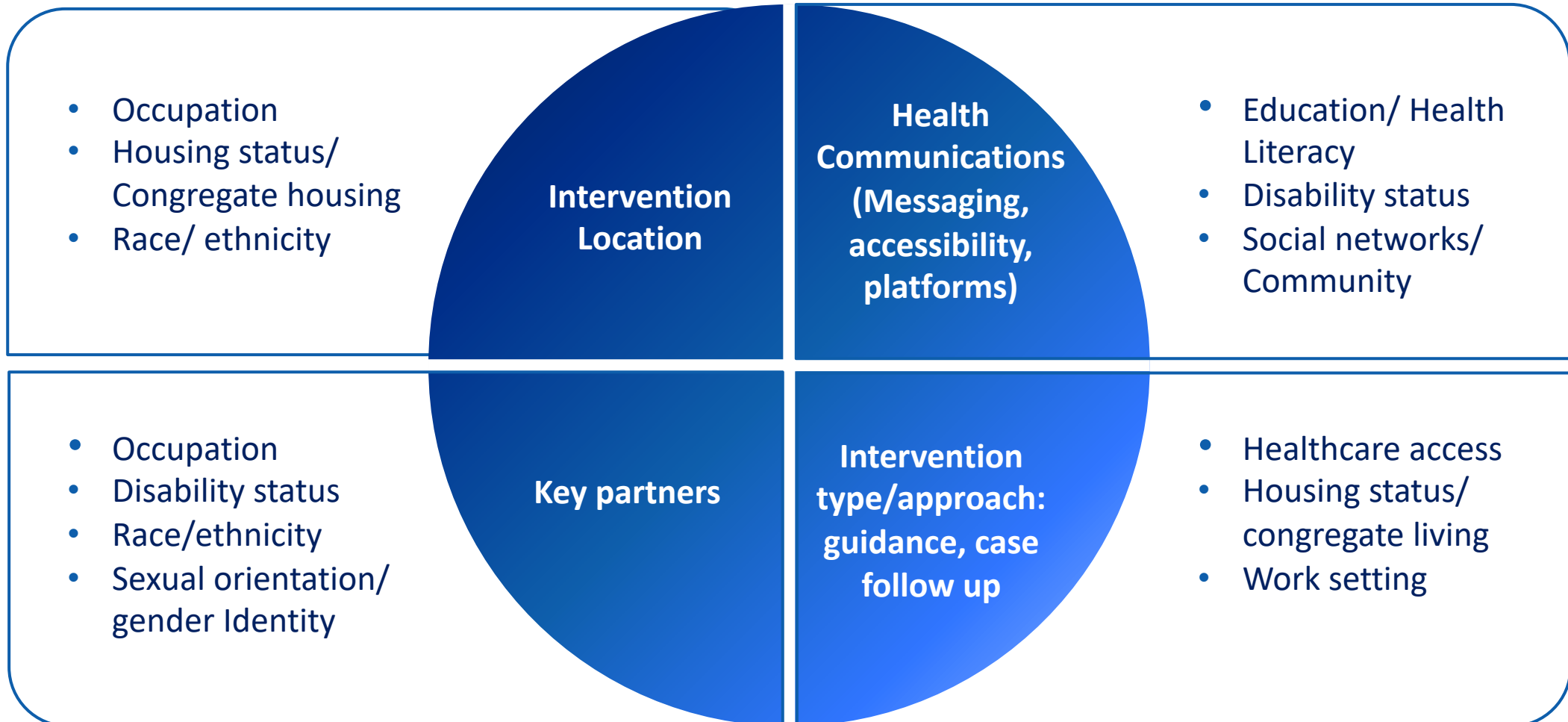
SOLUTION

With improvement through data modernization, we can better answer the more important questions:

1. What is happening?
2. How can we modify public health action to address?
3. How will we detect results?

Prioritize *actionable* data

What aspects of public health action on an issue or response can be modified? What data may guide us to modify those aspects?

Intervention Location

- Occupation
- Housing status/ Congregate housing
- Race/ ethnicity

Health Communications (Messaging, accessibility, platforms)

- Education/ Health Literacy
- Disability status
- Social networks/ Community

Key partners

- Occupation
- Disability status
- Race/ethnicity
- Sexual orientation/ gender Identity

Intervention type/approach: guidance, case follow up

- Healthcare access
- Housing status/ congregate living
- Work setting

In order to...

Apply an equity lens throughout the scientific process

We need to...

Apply an equity lens throughout the data modernization process

During this paradigm shift in the collection, availability, and use of public health data we must strive for data strategy and product to **center** meaningful progress in health equity.

Populations **overlooked** in the design of data systems are more likely to be **underserved** in public health practice

In order to…
Promote the visibility of groups that might be inadequately represented

We need to…
Improve representation in public health data systems

Data modernization opportunities to promote the visibility of inadequately represented groups
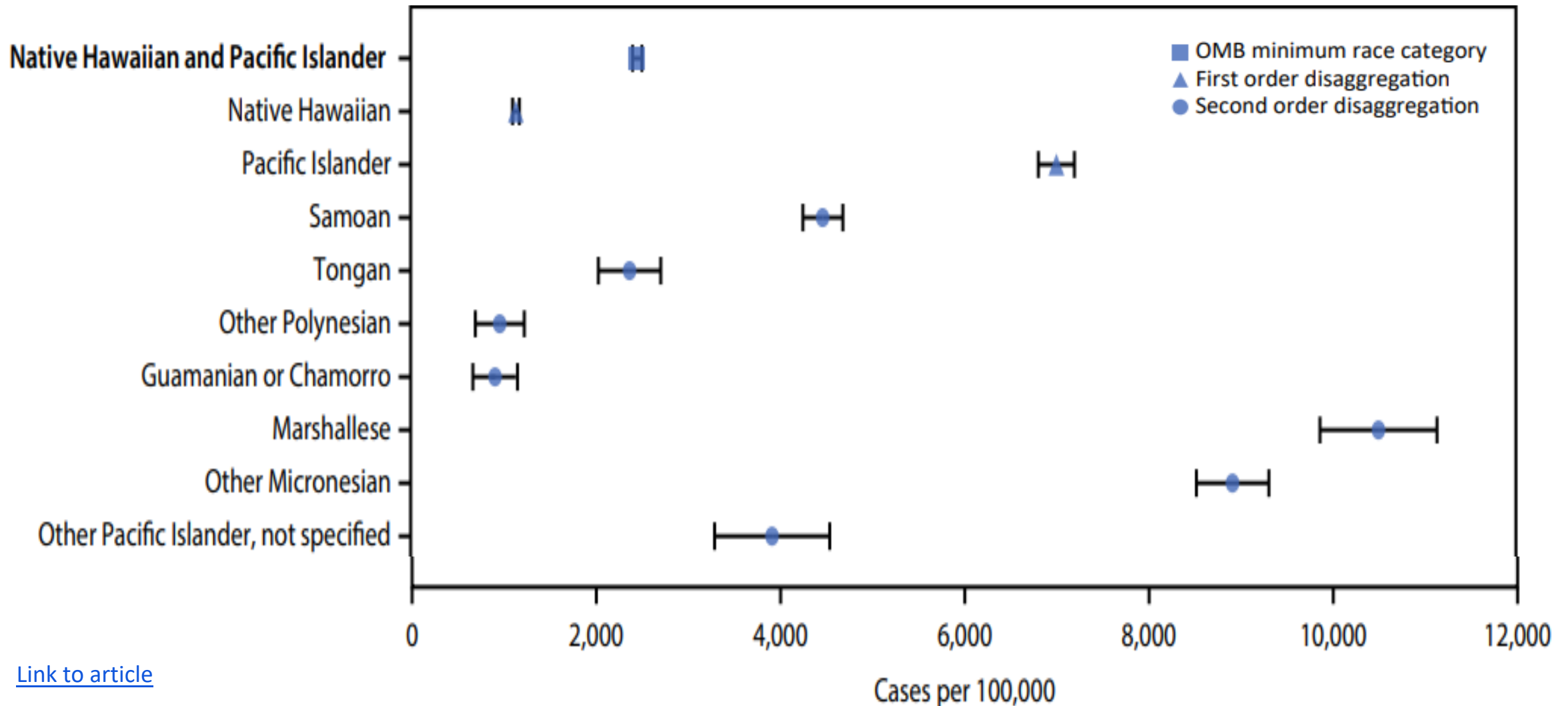
Diversify sources of data

More inclusive data standards

Thoughtful disaggregation can reveal important disparities

Link to article

In order to…
Emphasize drivers of inequity

We need to…
Increase incorporation of these drivers into public health data systems

Social Determinants of Health (SDOH) Prioritized in the CDC's Public Health Data Strategy (PHDS)

Detect and monitor

Investigate and respond

Inform and disseminate

Be response-ready

2025 Milestone:

50% of CDC centers report new social determinants of health-related data elements in reports or visualizations that they release

In order to…
Engage the Community in Health Equity Science

We need to…
Engage Communities in Public Health Data Modernization

How can communities be engaged in data modernization?

People with lived experience

Service providers and community-based organizations*

Partners and Jurisdictions:
Data Modernization Initiative Consortium*

* DMI consortium and technical expert panels are convened only to seek individual perspectives and experiences, not group consensus advice from partners.

Community-Informed Goal 1:
Better Integration and Inclusiveness of Existing Systems and Data Sources

What populations are not adequately included?

What populations are included but not adequately identified?

How can we leverage data sources outside the traditional public health surveillance paradigm?

Community-Informed Goal 2:
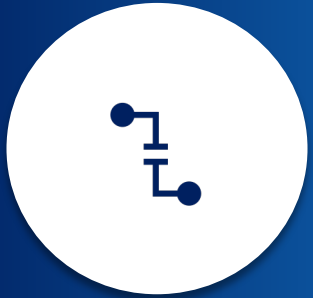## Inclusive Data Standards and Validated Tools

What data standards do we need to enable meaningful exchange of data on drivers of inequity?

What information do we need that we don't have a standardized, validated way to collect?

Community-Informed Goal 3:
Tools to address identified Gaps

What are the primary gaps in infrastructure? How can these be bridged?

How can we enhance workforce readiness to meet data for equity needs?

Resources

➕ [CDC Health Equity Guiding Principles for Inclusive Communication](#)

➕ [CDC Principles of Health Equity Science for Public Health Action](#)

➕ [Principles of Community Engagement (2nd Edition)](#)

➕ [CDC ATSDR Community Engagement Playbook](#)

➕ [Community Engagement Planning Tool for Public Health Work](#)

➕ [Revisions to OMB's Statistical Policy Directive No. 15: Standards for Federal Data on Race and Ethnicity](#)

➕ CSTE/CDC Course: **Engaging with Sensitivity: Person-centered Interview Techniques for Case Investigators** Training Launch Webinar: June 18th, 3-4pm

Prioritize actionable data * Diversify data sources * Listen to communities

It is difficult to say what is impossible, for the dream of yesterday is the hope of today and the reality of tomorrow.

- Robert H. Goddard,
Physicist and US Rocketry Pioneer

For more information, contact CDC
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