



DATA EQUITY WEBINAR SERIES

A RACE & PLACE APPROACH TO
ADVANCING HEALTH EQUITY &
RACIAL JUSTICE

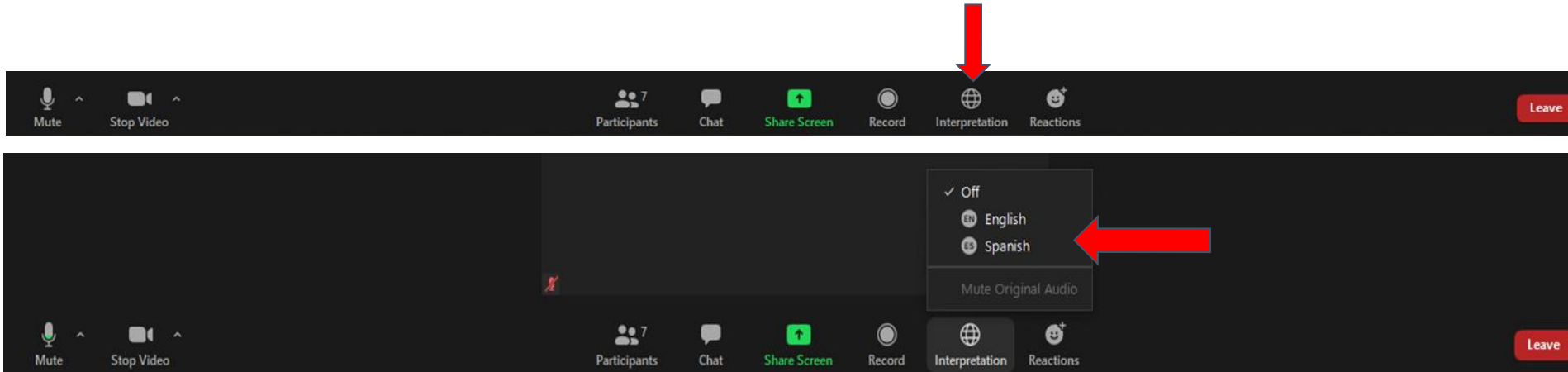
SEPTEMBER 26, 2022

English

If you are a monolingual English speaker, please select the world-like interpretation icon at the bottom of the screen, then select English. If you are using zoom via a telephone/tablet, you will select the three dots to see more options, followed by interpretation and then English.

Español

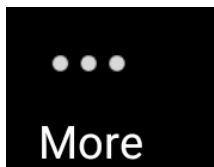
Si solo habla/o prefiere escuchar en español, seleccione el icono de interpretación que parece a un mundo en la parte inferior de la pantalla, luego seleccione español y no olvide silenciar el audio original. Si está usando Zoom en un teléfono o tableta, seleccionará los tres puntos para ver más opciones, seguido por interpretación y después español.



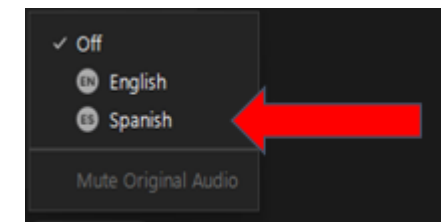
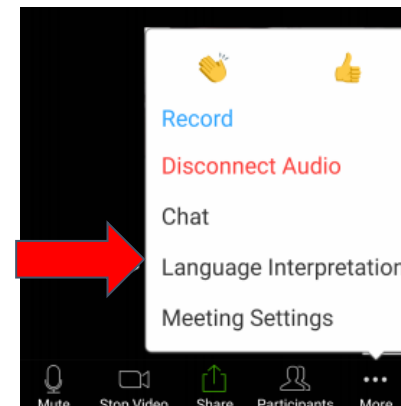
Raise Hand, & Reactions
Levantar Mano y Reacciones

ZOOM APP ON PHONE OR TABLET

APLICACIÓN DE ZOOM POR TELÉFONO O TABLETA



SELECT THE THREE DOTS
SELECCIONE LOS TRES PUNTITOS



SELECT YOUR LANGUAGE
SELECCIONE SU LENGUAJE

This presentation is being recorded

 **Recording**

Tools located on the bar at the bottom of your screen



**Access resources
and send messages
within the meeting**



**Read live
transcriptions/
closed captions**



**Enter questions for
the presenters, and
read their responses.**



About Us

The **Center for Wellness and Nutrition** (CWN), a program of the *Public Health Institute*, is a national leader in developing campaigns, programs, and partnerships to promote wellness and equitable practices in the most vulnerable communities in California and across the country.



**Best Practices in Transforming
Data into Policy Actions for Health
Equity and Racial Justice**

October 24th

1PM (Pacific)
2PM (Mountain)
3PM (Central)
4PM (Eastern)

**Decolonizing Data Practices
through Indigenous Evaluation
Approaches**

November 14th

1PM (Pacific)
2PM (Mountain)
3PM (Central)
4PM (Eastern)

**Data and Health Equity: Using
Open-Source Data and Mapping to
Understand Rural Community and
Special Population Needs**

December 12th

1PM (Pacific)
2PM (Mountain)
3PM (Central)
4PM (Eastern)



CONTEXT AND FOCUS FOR TODAY

Historically, policies and systems in this country have been deeply rooted in racism resulting in the stark inequities we see today.

Achieving health equity and racial justice with the communities we serve requires that we are intentional about data practices and strategies, especially those that transform data into action.

Today's Webinar will:

- Focus on the benefits of taking a race and place approach to examining health inequities.
- Share best practices for incorporating a race and place approach into data collection and reporting.
- Highlight the Healthy Places Index (HPI) resource, as an effective tool for addressing health inequities and racial injustices.

PUBLIC HEALTH ALLIANCE OF SOUTHERN CALIFORNIA

Our Mission

Mobilize the transformative power of local public health for enduring health equity

10 Local Health Departments

- Imperial
- Long Beach
- Los Angeles
- Orange County
- Pasadena
- Riverside
- Santa Barbara
- San Bernardino
- San Diego
- Ventura



A PUBLIC HEALTH VISION

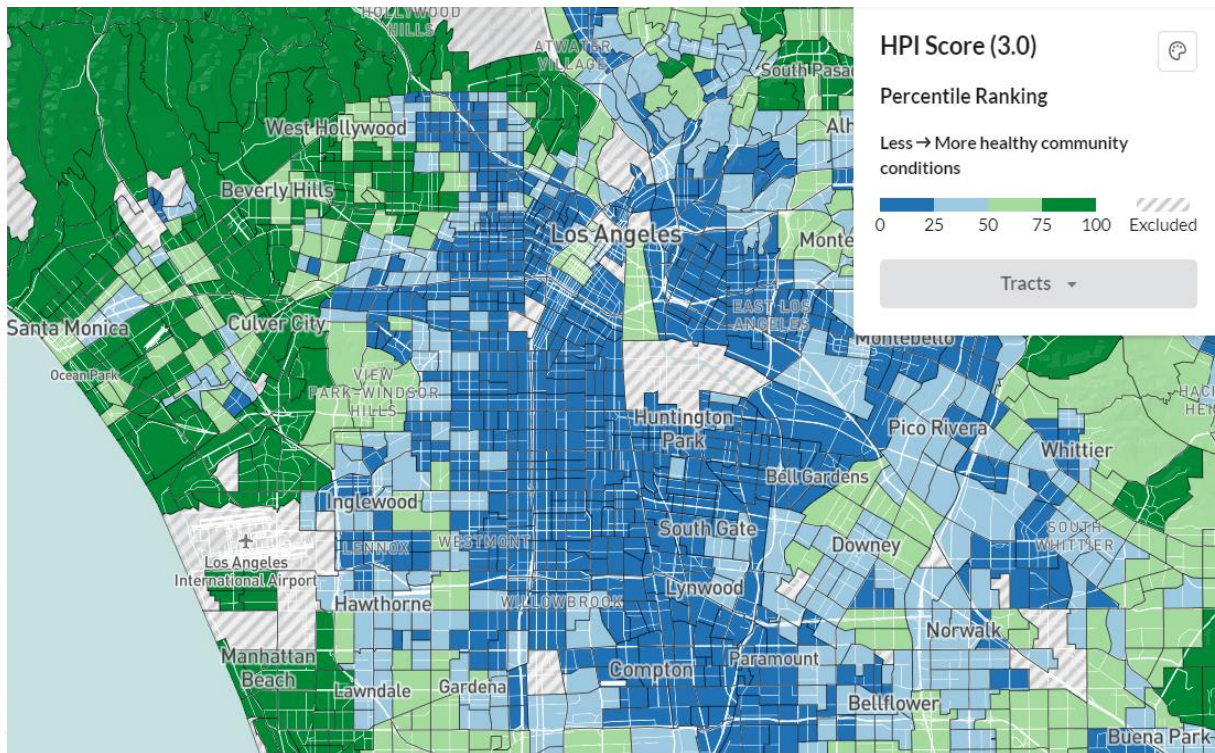
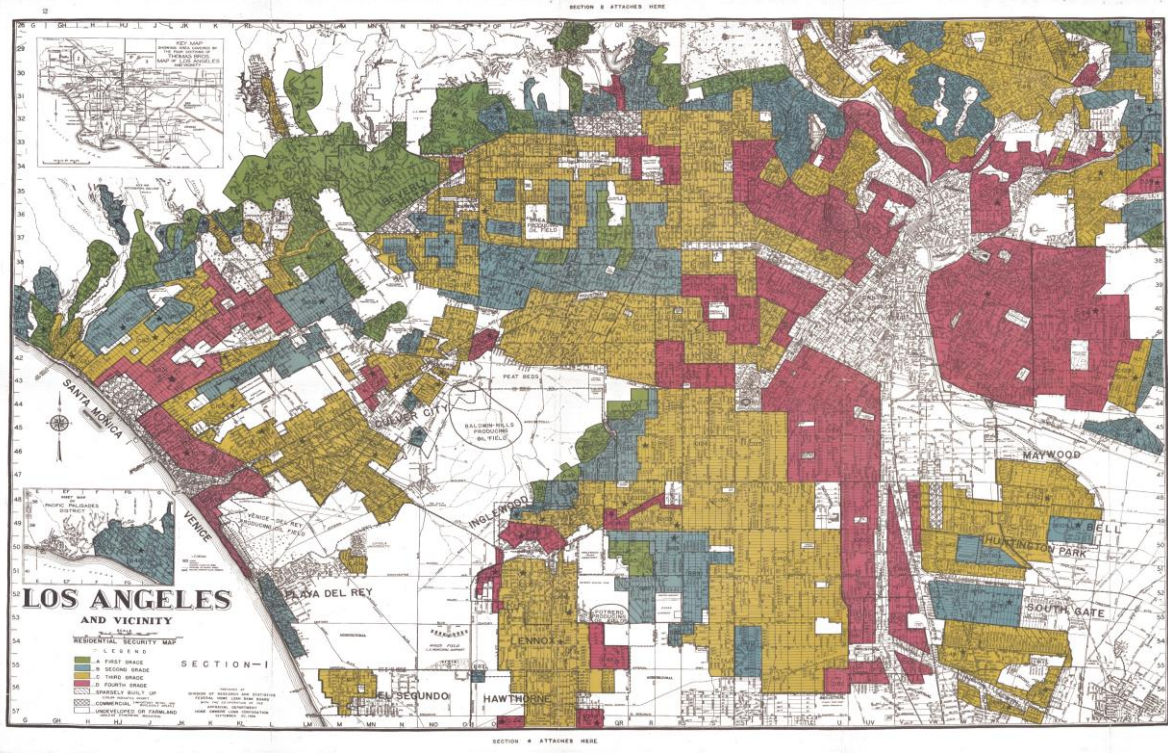


Everyone should have a fair and just opportunity to achieve good health and well-being.

RACE AND PLACE: A FRAMEWORK FOR ADDRESSING HEALTH INEQUITIES

- Life expectancy and well-being are heavily tied to the community conditions in which we live
- Social conditions vary drastically by neighborhood
- To create lasting systems change, both race and place must be recognized and understood
- We created the HPI as a way to understand the impact of place





HOME OWNERS' LOAN CORPORATION: LOS ANGELES MAP



RACE AND PLACE: COVID-19 MORTALITY IN CALIFORNIA

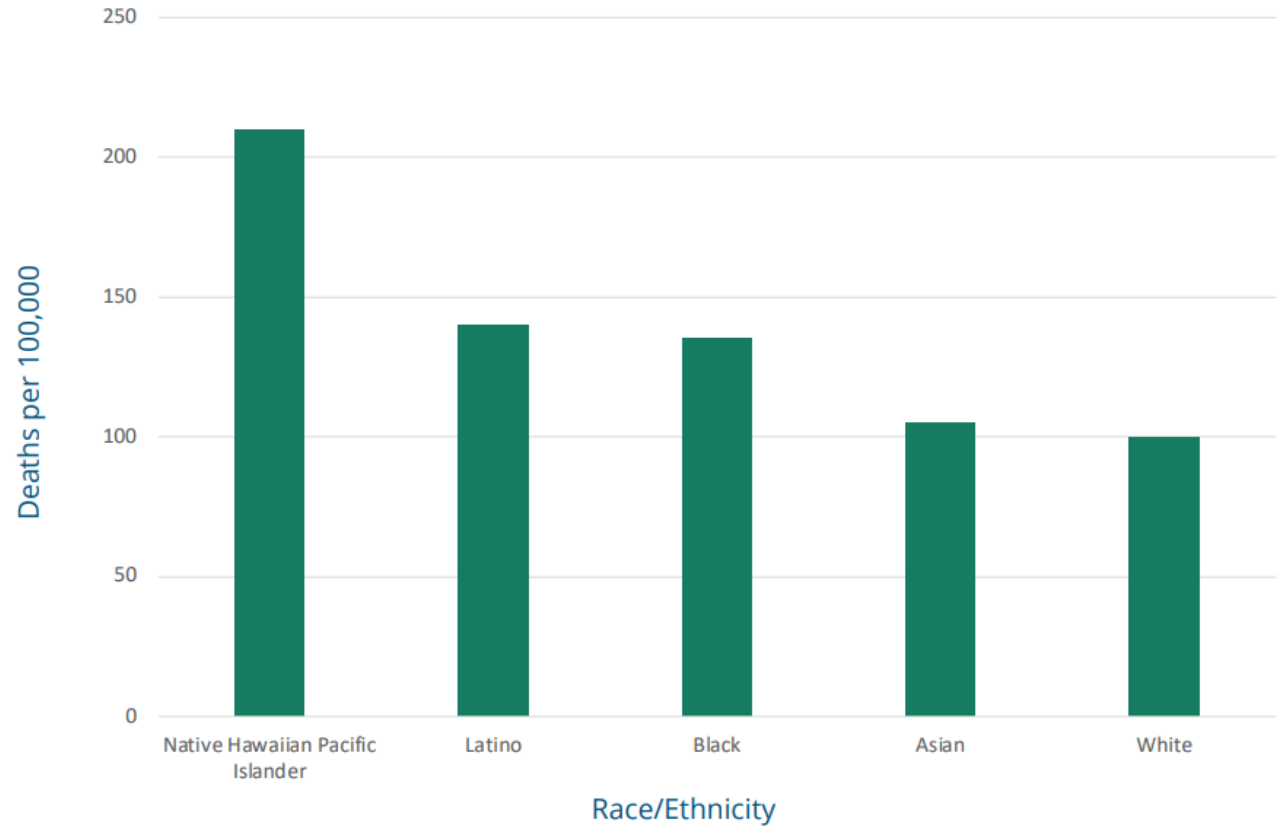
- Health inequities by race/ethnicity persist across nearly every measure of health, driven by structural and institutional racism
 - Severe maternal morbidity and mortality
 - Adverse birth outcomes
 - Chronic disease (asthma, obesity, heart disease)
- **COVID-19 is no different.**



RACE MATTERS

- It matters **how** we collect and analyze race/ethnicity data
- NHPI populations in California experience a mortality rate from COVID-19 that is **twice as high** as groups with the lowest mortality rates

Figure 1: California Cumulative COVID-19 Mortality Rates (per 100,000) by Race/Ethnicity



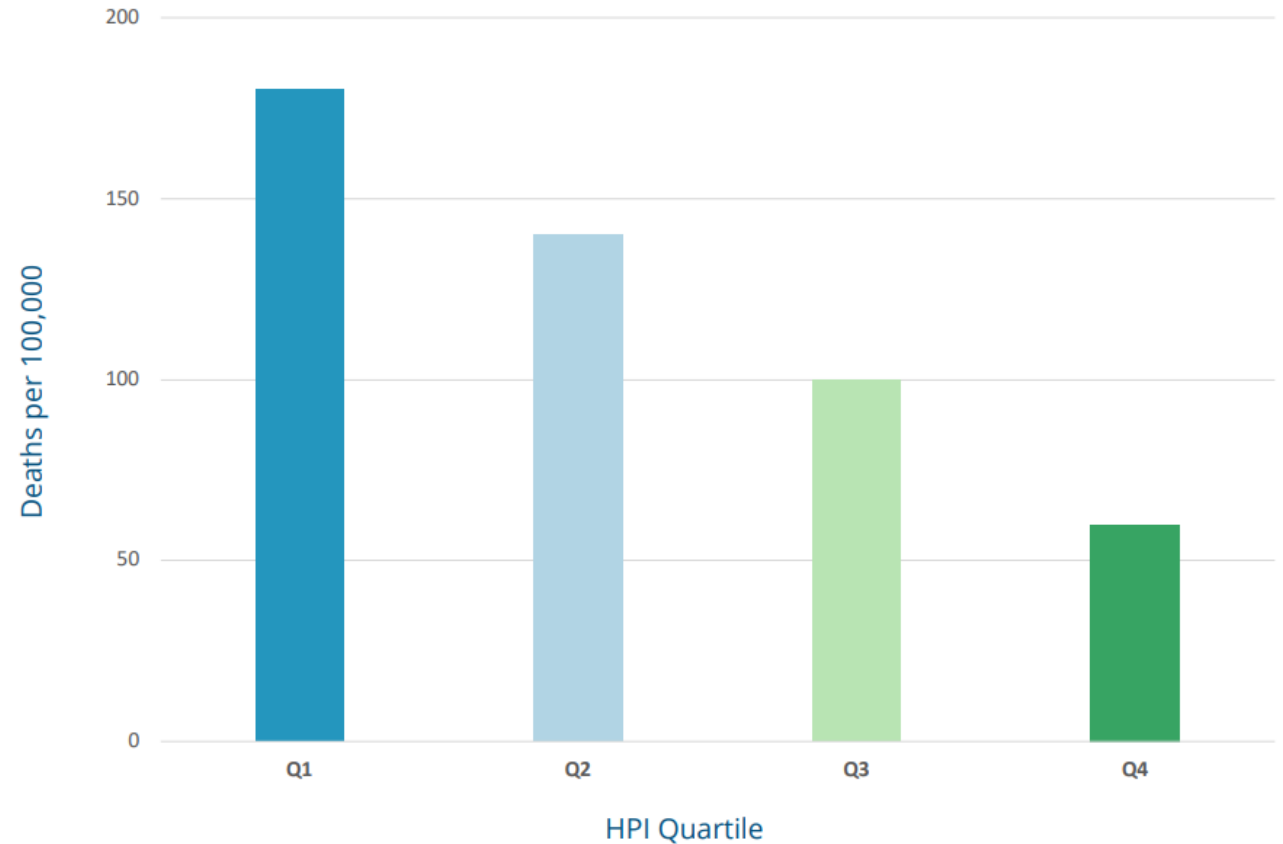
SOURCE: CDPH

*Mortality data from California death certificates
Apr 2020 – Feb 2021

PLACE MATTERS

- Community conditions can affect an individual's ability to safely quarantine at home, take preventative measures, and access vital testing and treatment
- Neighborhoods with the least healthy community conditions have COVID-19 mortality rates **3x higher** than those with the healthiest community conditions

Figure 2: California COVID-19 Mortality Rates (per 100,000) by HPI Quartile (Q1 = Least Healthy)



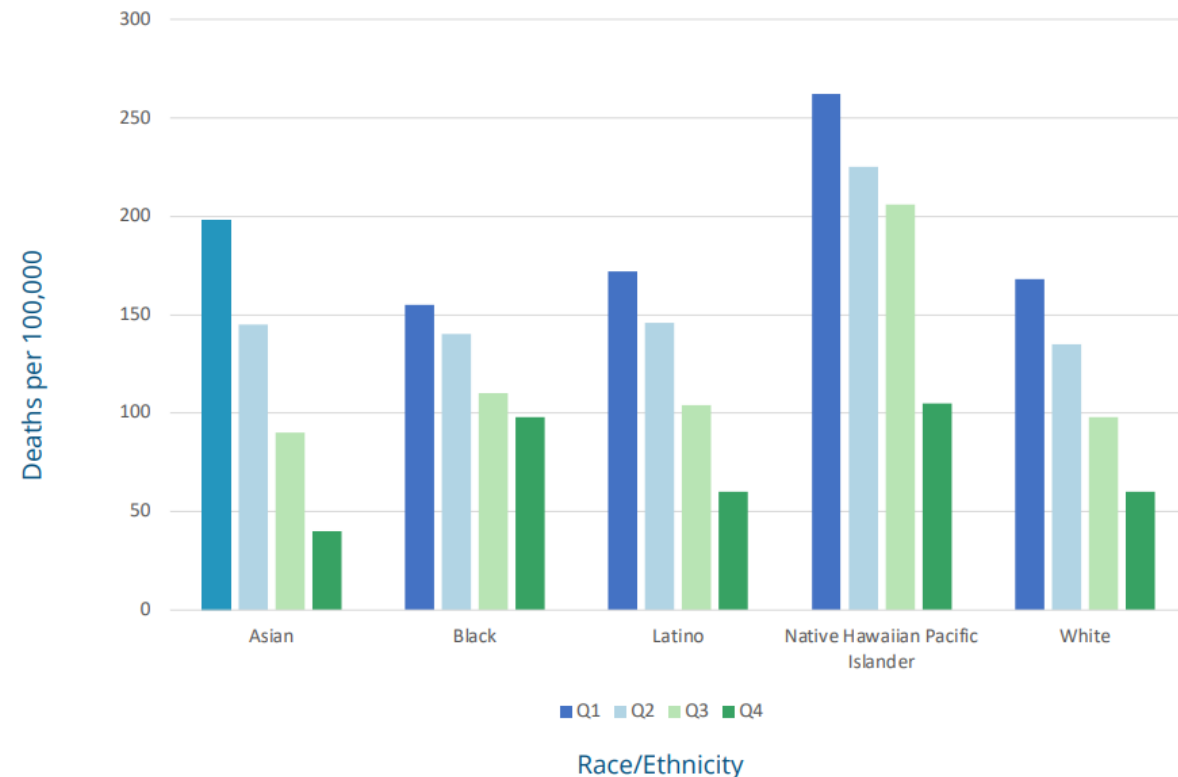
SOURCE: CDPH

*Mortality data from California death certificates
Apr 2020 – Feb 2021

RACE AND PLACE: COVID-19 MORTALITY IN CALIFORNIA

- The HPI allows us to see just how strong of a connection there is to race and place
- Eliminating place-based inequities could substantially reduce mortality, especially for BIPOC residents who live in communities with the least healthy conditions

Figure 3: California COVID-19 Mortality Rates (per 100,000) by Race/Ethnicity and HPI Quartile (Q1 = Least Healthy)



SOURCE: CDPH

*Mortality data from California death certificates Apr 2020 – Feb 2021

BEST PRACTICES FOR DATA COLLECTION AND REPORTING

1. **Expand** and **improve** collection of demographic data
2. Support **comprehensive** and **transparent** public reporting of **disaggregated** data
3. **Standardize** data practices statewide to more effectively track disparities
4. Institute **health equity metrics** across state and local government operations and investments

EXPAND AND IMPROVE COLLECTION OF DEMOGRAPHIC DATA

Expand data collection to include:

- **Race/Ethnicity**
- Age
- Sexual orientation and gender identity
- Occupation
- **Community of residence**

Improve **completeness** and **accuracy** of race/ethnicity data:

- Preface demographic questions with written explanation of why this data is being collected
- Allow patients to select or write in granular ethnicities
- Train staff

SUPPORT COMPREHENSIVE AND TRANSPARENT PUBLIC REPORTING OF DISAGGREGATED DATA

State and local health departments should prioritize the public release of data that is:

- At actionable, **community-level** geographies
- **Disaggregated** by race/ethnicity when possible
- Accessible to a wide audience
- Updated **frequently** and **transparently**

SUPPORT COMPREHENSIVE AND TRANSPARENT PUBLIC REPORTING OF DISAGGREGATED DATA

Nothing about us,
without us



STANDARDIZE DATA PRACTICES STATEWIDE

Challenge

Missing, incomplete, or inaccurate demographic data – particularly by race/ethnicity

Recommendation 1

Developing and publishing standardization guidelines at the statewide and local level for all steps from data collection, to cleaning, analysis, and reporting

Recommendation 2

Regulatory action requiring health care providers to report demographic data

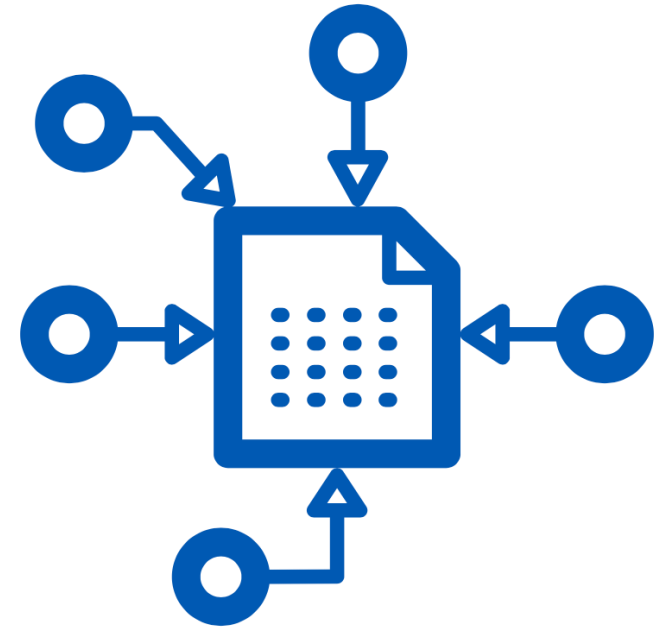
STANDARDIZE DATA PRACTICES STATEWIDE

Challenge

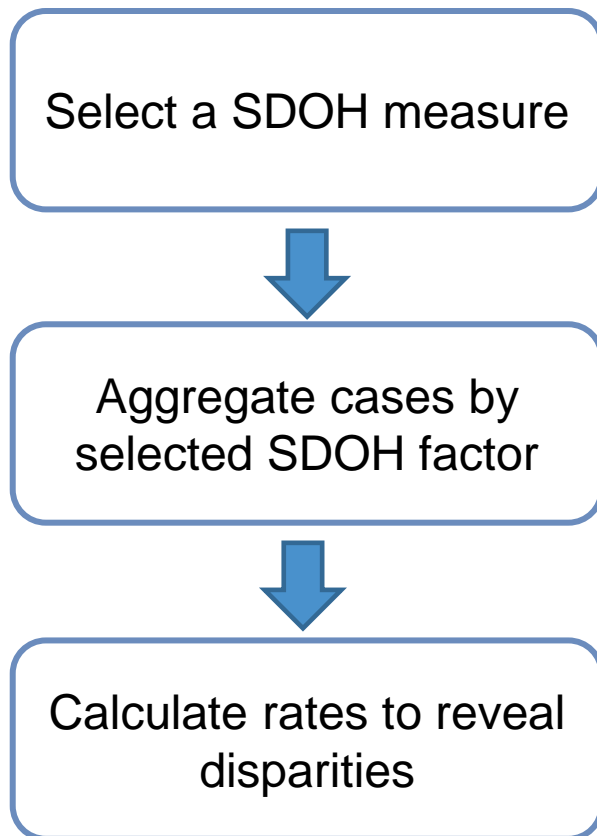
Outdated and inflexible data systems paired with a lack of data standards

Recommendation

Support development of modern public health data infrastructure



INSTITUTE HEALTH EQUITY METRICS



For example: Health Equity Metric (HEM) created by the California Department of Public Health for the COVID-19 response

But first... let's dive deeper into the foundation of the HEM



WHAT IS THE HEALTHY PLACES INDEX?

HPI provides data and policy recommendations to:

- Compare the health and well-being of communities at the neighborhood level
- Quantify the factors that shape health
- Turn data into actionable solutions

The HPI has become a **go-to data tool** for hundreds of state and local government agencies, foundations, advocacy groups, hospitals and other organizations

WHAT IS THE HEALTHY PLACES INDEX? (CONT.)

- HPI 3.0 evaluates the relationship between **23 social drivers of health** and **life expectancy at birth**
- Produces a score representing a “ranking” of conditions compared to other neighborhoods
- Measures organized by eight policy action areas:
 - Economic
 - Social
 - Education
 - Transportation
 - Neighborhood
 - Housing
 - Clean Environment
 - Healthcare Access

COMMUNITY IMPACT

The HPI has been used to identify and respond to community needs in ways that keep growing and evolving, such as:

- COVID-19 Blueprint Health Equity Metric
- Affordable housing & rental assistance programs
- Food security & nutrition assistance
- Active transportation funding
- Climate-related investments
- And much, much more

RACE AND PLACE FRAMING OF THE HPI

Applying a race and place frame to data:

- Provides sound, quality data for residents, advocates and leaders
- Helps communities better advocate for their unique needs
- Guides leaders to develop more equitable, community-forward solutions
- Allows leaders and community providers to scale resources appropriately for each region

WHAT CAN I DO WITH THE HPI?

Community leaders, academics, advocates and residents are able to:

- Explore **community conditions** in individual neighborhoods, including HPI score and HPI indicators
- View hundreds of **decision support layers**
- Quickly identify high- and low- **ranked** geographies in your area of interest
- Create custom communities using the **pool** feature

WHAT CAN I DO WITH THE HPI? (CONT.)

- **Compare data** across geographies and time periods
- Examine the link between **race and place**
- **Filter geographies by race,** ethnicity, and country of origin
- Receive **policy opportunities** tailored to the needs of the community
- View **historically redlined** neighborhoods

HOW CAN I USE THE HPI MAP FEATURES?

Accessing information about your community

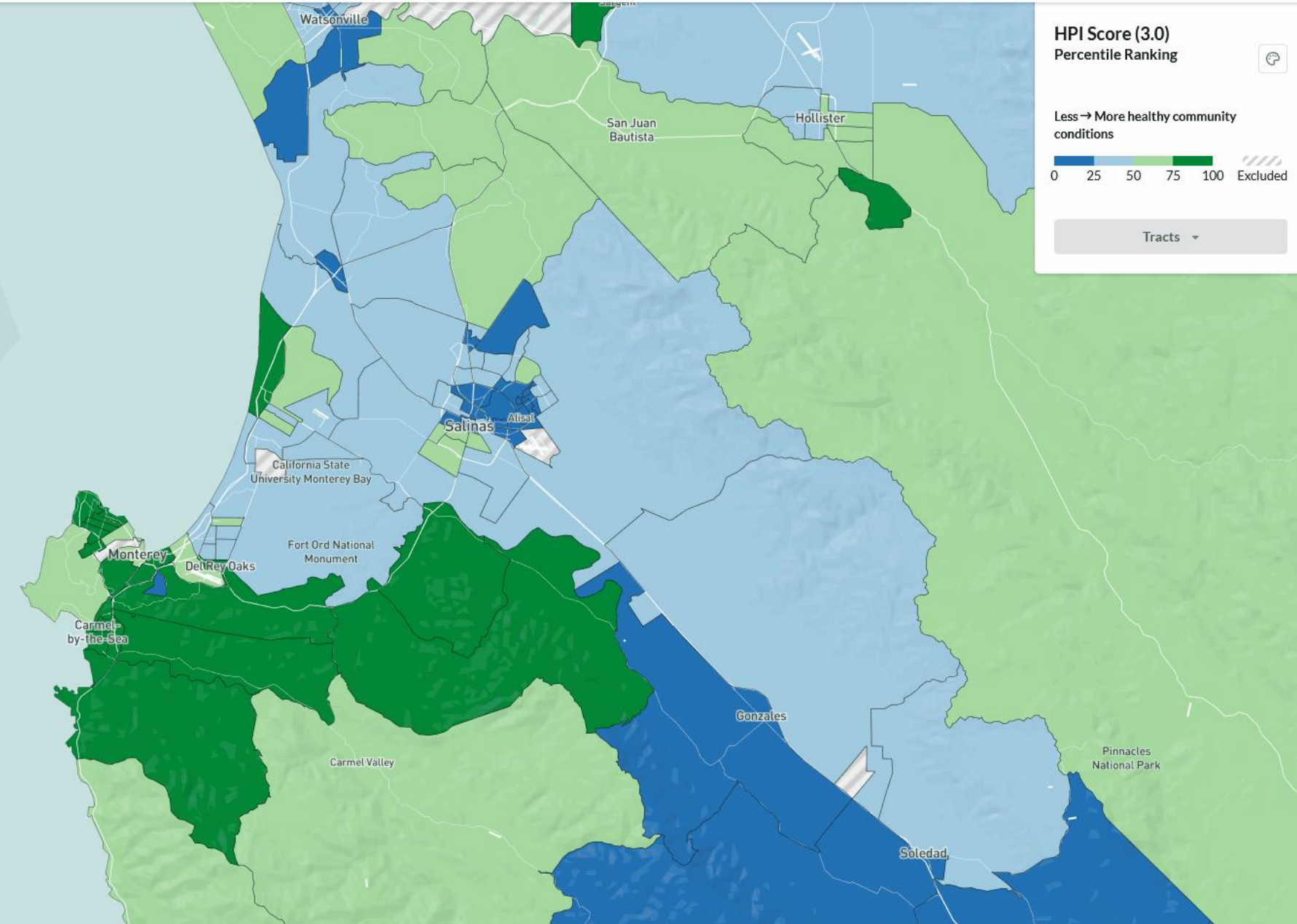
The HPI score, policy action areas with the HPI indicators, detailed race/ethnicity measures, including subpopulations and national origin data, and equity indicators can all be explored in the **Community Conditions** function

Example

Educating medical students on the social determinants of health and their impact on health among communities in California

Tools

Enter a location...



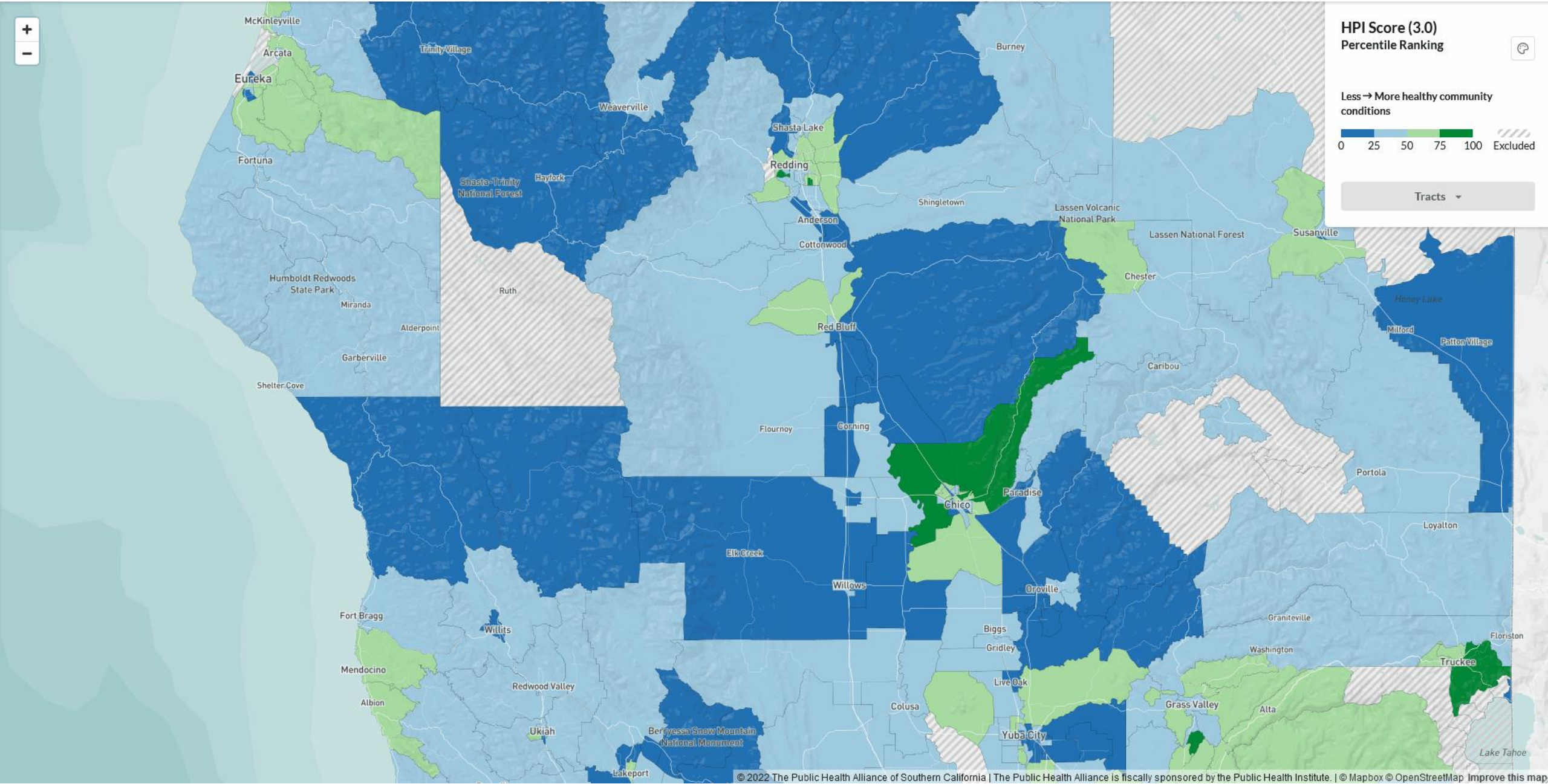
HOW CAN I USE THE HPI MAP FEATURES? (CONT.)

Added decision support layers

View over 375 **decision support layers**, covering multiple time periods and racially disaggregated where available

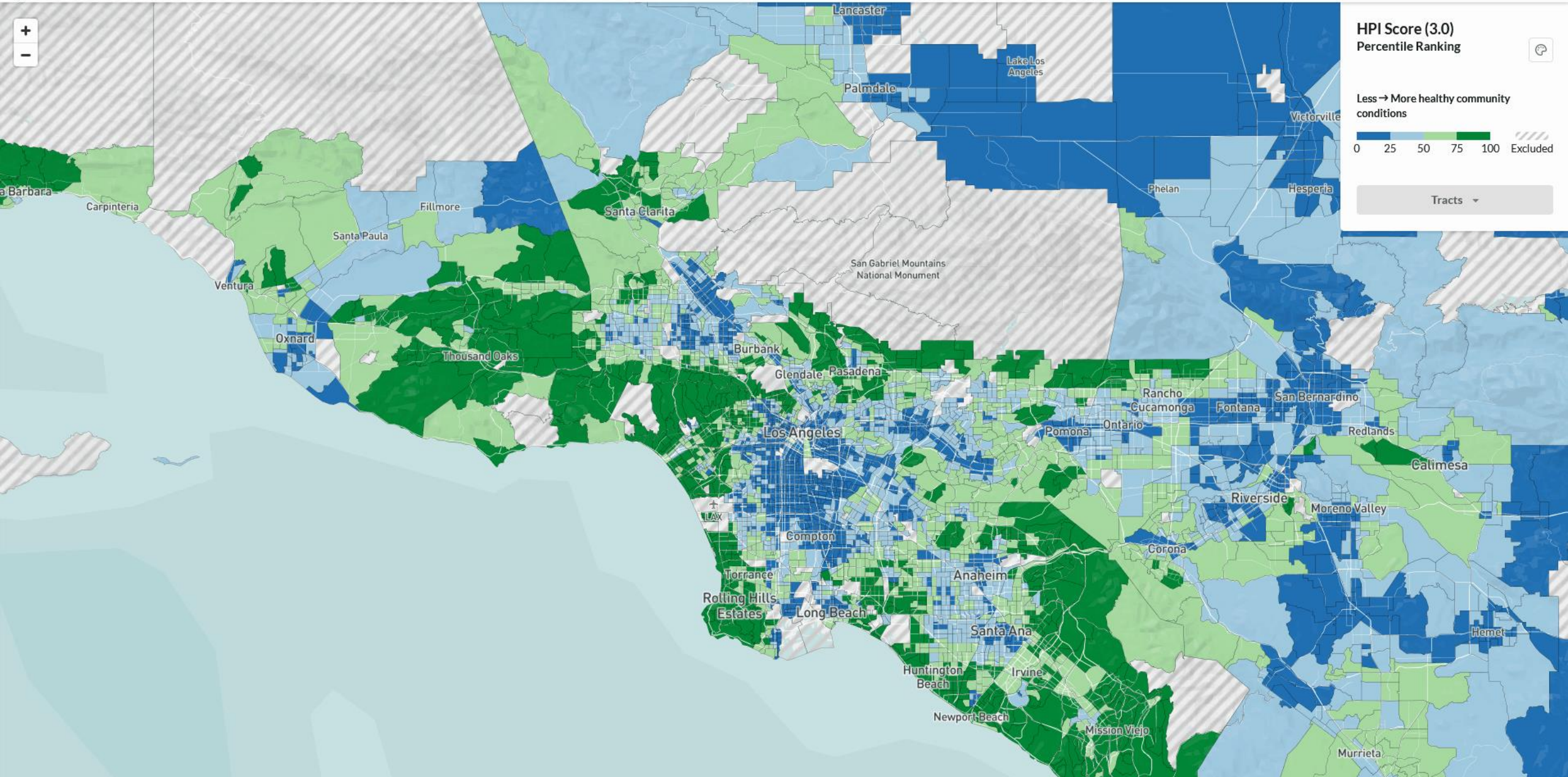
Example

Investigating the 3rd Grade Math Proficiency in your community



Tools

Enter a location



HOW CAN I USE THE HPI MAP FEATURES? (CONT.)

Identifying small, dispersed racial/ethnic populations

Use **Filter by Race/Ethnicity** and select the population or subpopulation

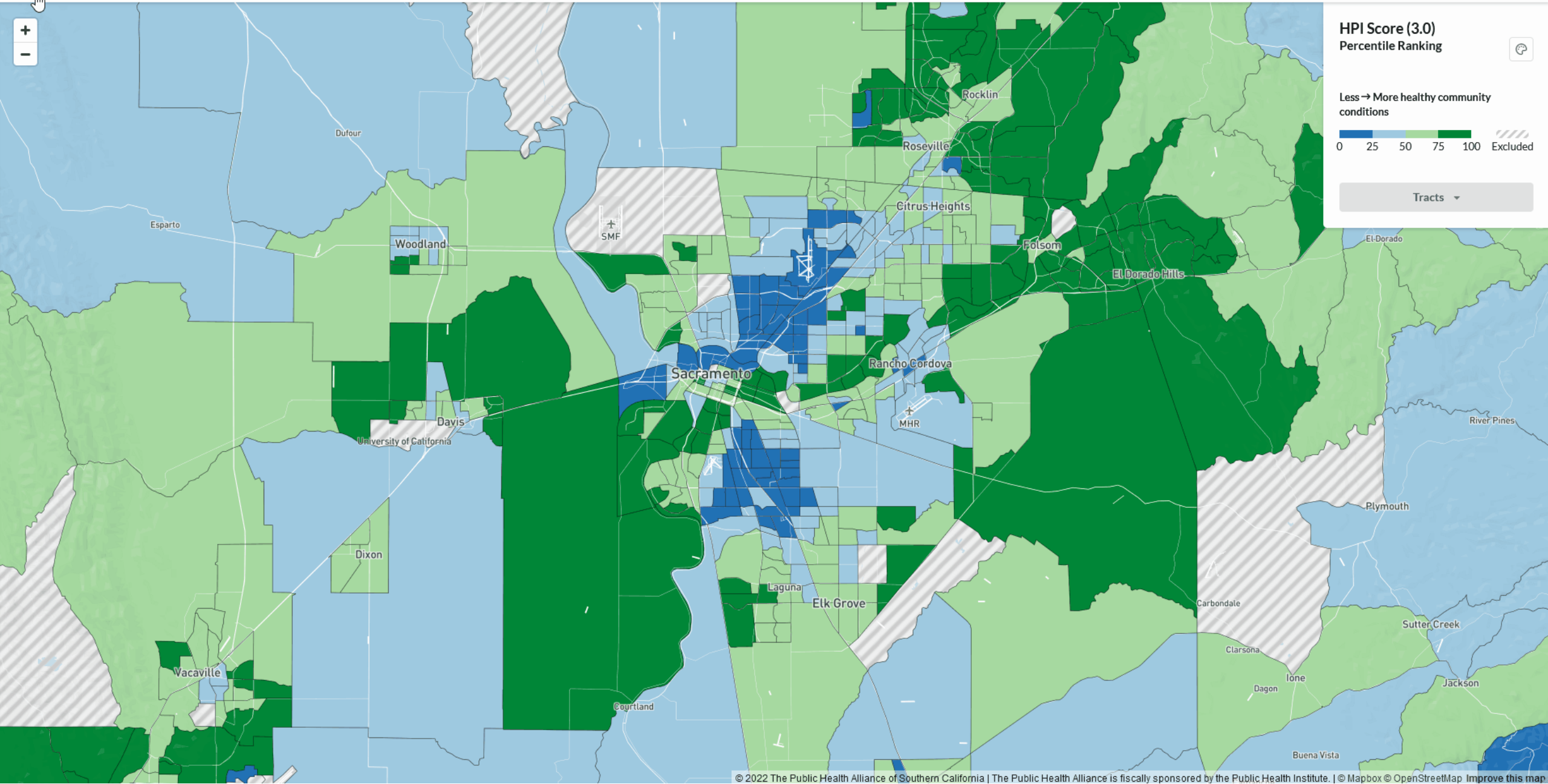
Set specific population count or percent of population threshold

Example

A community-based organization who mainly serves Hmong-identifying people wants to evaluate the health of their target population

Tools

Enter a location



HPI Score (3.0)
Percentile Ranking

Less → More healthy community conditions

0 25 50 75 100 Excluded

Tracts

HOW CAN I USE THE HPI MAP FEATURES? (CONT.)

Policy recommendations within platform

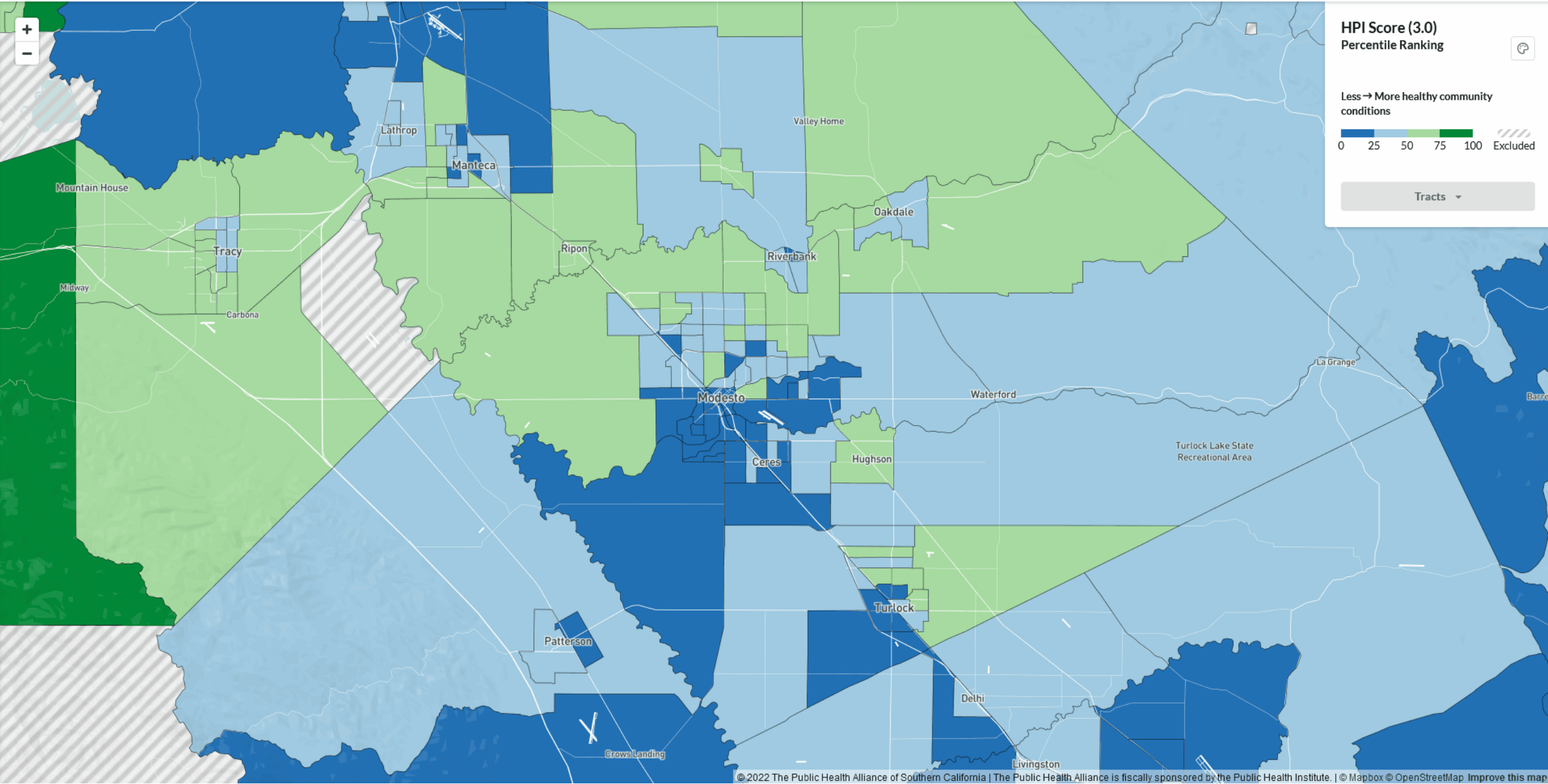
Tailored **Policy Opportunities** built into the platform, and customized to prioritize the specific needs of a chosen community

Example

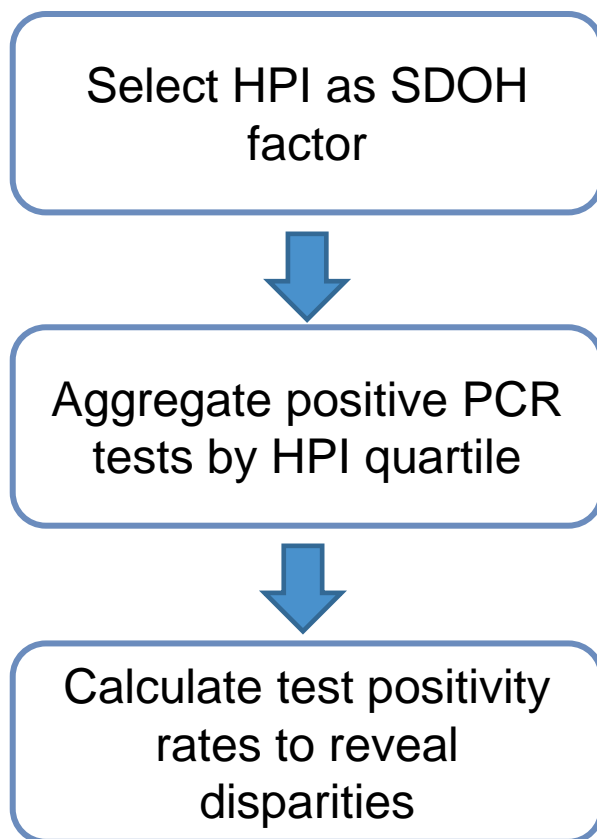
Identifying community assets and challenges alongside policy solutions that can improve your community's health

Tools

Enter a location...



BLUEPRINT HEALTH EQUITY METRIC



The HEM was used as part of the Blueprint for a Safer Economy plan:

To ensure that the test positivity rates in a county's most disadvantaged neighborhoods, referred to as the **Health Equity Quartile of the Healthy Places Index** census tracts, do not significantly lag behind its overall county test positivity rate

HPI AND COVID-19

Over a **billion dollars** has been directed toward community investments including **\$272 million** of COVID-19 assistance to neighborhoods hit the hardest during the pandemic.



HEALTH EQUITY METRICS: A PATH FORWARD WITH THE HPI

- Health equity metrics are powerful, versatile tools to investigate and address disparities
- The Healthy Places Index is an ideal, **cumulative measure of SDOH** for use with health equity metrics
- Not just for California – **Utah HPI** is launching next month!

Select a SDOH measure



Aggregate cases by selected SDOH factor



Calculate rates to reveal disparities



THANK YOU!

HPI WEBSITE: www.healthyplacesindex.org

HPI 3.0 MAP: map.healthyplacesindex.org

For additional questions, please contact:
AskHPI@ThePublicHealthAlliance.org

WEBINAR SERIES OVERVIEW

Save-the-Dates for the rest of the series:

- [NEXT → Monday, October 24th at 1 PM PST---](#)**Best Practices in Transforming Data into Policy Actions for Health Equity and Racial Justice**
 - Monday, November 14 at 1 PM PST- **Decolonizing Data Practices through Indigenous Evaluation Approaches**
 - Monday, December 12 at 1 PM PST- **Data and Health Equity: Using Open-Source Data and Mapping to Understand Rural Community and Special Population Needs**



Thank You



Follow us on Twitter - Take part in our interactive events! **@phi_wellness**




Connect to like-minded partners by joining us on LinkedIn
[linkedin.com/company/center-for-wellness-and-nutrition](https://www.linkedin.com/company/center-for-wellness-and-nutrition)



Have a question? Write to us at **info@wellness.phi.org**





This webinar was supported by funds made available from the Centers for Disease Control and Prevention, Center for State, Tribal, Local and Territorial Support, through cooperative agreement OT18-1802, Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation's Health award #6 NU38OT000303-04-02.