NOTHING ABOUT US WITHOUT US[1]:

CAN AREA-BASED SOCIAL INDICES EFFECTIVELY ADVANCE HEALTH EQUITY?

The California Pan-Ethnic Health Network (CPEHN) brings together and mobilizes communities of color to advocate for public policies that advance health equity and improve health outcomes for communities of color. CPEHN envisions a world in which all communities regardless of sex, race, ethnicity, primary language, LGBTQ+ status, disability or immigration status, have the opportunity to live with optimal physical, behavioral, oral, and overall health and well-being, and to thrive. To learn more about CPEHN, please visit our website: https://cpehn.org/

FREQUENTLY ASKED QUESTIONS (FAQ)

1.WHAT ELSE SHOULD I KNOW ABOUT AREA-BASED SOCIAL INDICES (ABSIS)?

An area-based social index (ABSI) is a quantitative tool that can help measure and conceptualize health inequity trends. ABSIs derive a number, a score, or sometimes a percentile ranking in order to conceptualize health inequities and begin mapping communities that are at risk. The most commonly used ABSI in California is the Healthy Places Index (HPI) but there are other prevalent indices such as the Social Vulnerability Index, Area Derivation Index, Pre-Existing Health Vulnerability Index, and the U.S. COVID Community Vulnerability Index, or CalEnviroScreen. A more detailed chart on uses and methodology for each index can be found on page 19 in the report.

2.WHY DID ABSIS BECOME A MORE POPULAR TREND IN RECENT YEARS?

When the state was using rapid response avenues to address the emerging priorities and changes with the COVID-19 pandemic, there was a simultaneous increase in popularity and use of indices. Since then we have continued to see the use of ABSIs in policies that do not necessarily match the index outcomes and long-term objectives to reduce disparities in health.

3.WHAT ARE SOME GENERAL LIMITATIONS OF ABSIS?

Due to the lack of publicly available demographic data sets such as disaggregated racial/ethnic data and sexual orientation and gender identity data collection as well as indices being predominantly place-based, ABSIs often leave out geographically dispersed, heterogeneous, or small communities. Examples can include individuals who are part of LGBTQ+, Indigenous migrants, Native Americans or Alaskan Natives, Native Hawaiian and Pacific Islanders, and certain smaller Asian American subgroups. In addition, data limitations due to the absence of disaggregated data in neighborhood measures like ZIP codes and census tracts, mean that most ABSIs cannot adequately identify local neighborhood-level disparities. This oftentimes leads to the masking of social impacts and inadvertently leaves out entire communities. Please refer to Finding 4 for more robust explanations of ABSI limitations.

4.WHAT ARE SOME ADVANTAGES TO USING ABSIS?

An ABSI is a starting point to equity. They are particularly helpful for building consensus among decision makers and for governments who have started to consider embedding equity into their health equity strategies. They can be extremely helpful in identifying where to start on a solution although, indices should never be an equity short-cut or "end-all-be-all."

5.WHY SHOULD STATE AND LOCAL POLICYMAKERS, INCLUDING DEPARTMENTAL AND LEGISLATIVE STAFF, CARE ABOUT THE USE OF ABSIS?

Leaders should be cautious when relying on place-based trends and should take the time to fully study and understand the strengths and limitations of specific ABSIs before opting to use them in proposed solutions. Using ABSIs and similar data tools have risks and in order to avoid perpetuating inequities and causing further harm to the very communities they set out to serve, our state leaders need to ensure they are deeply informed on the limitations and additional strategies in equity.

6.WHAT SHOULD POLICY MAKERS CONSIDER IF THEIR STRATEGY INVOLVES THE USE OF AN ABSI?

Select an index that matches with the policy problem you are hoping to solve, including carefully examining their underlying data designs, data sources and original purposes just like how you would read the manual of any new tool. Prioritize an index that explicitly includes race/ethnicity, language and other demographic factors to account for the impacts of systemic racism and the fact that it is embedded in all fabrics of our public policy making and programming. Most importantly, employ additional strategies to achieve your equity goals by meaningfully engaging community stakeholders and targeting long-term structural reform. ABSIs are great tools that can make it easier to consider a wide array of community conditions however, using an area-based social index to prioritize at-risk communities without directly engaging these communities may end up further alienating and disenfranchising historically excluded groups. CPEHN encourages policymakers, staff, and decision-makers to review Findings 2 and 3 for more detailed analysis.

7.WHAT ELSE SHOULD POLICY MAKERS KNOW ABOUT?

Overall, all ABSIs can stand to see general improvements on data collection, statistical analysis, and research methodology. More details on recommendations and potential avenues for improvement can be found in Finding 4 but a few considerations include better spatial measures of need rather than reliance on ZIP codes, clear standards for collecting detailed race, ethnicity, language, sexual orientation and gender identity data, and investment in surveys and participatory hearings with community stakeholders.

Read the Full Report Here.

CPEHN
California Pan-Ethnic Health Network