

NOTHING ABOUT US WITHOUT US¹: 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/>

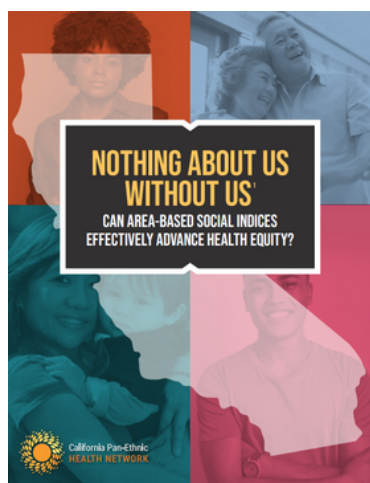
WHAT ARE AREA-BASED SOCIAL INDICES? An area-based social index (ABSI) is a place-based quantitative tool that can help measure and conceptualize health and social vulnerabilities across communities through an analysis of risk factors, opportunity factors, and conditions with geographic locations that contribute to health inequities. ABSIs draw on U.S. Census and other demographic data sources in order to measure social determinants of health for a specified geographic location.

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BACKGROUND While these indices can be helpful tools to achieve consensus in decision making around complex social and health equity issues, **it is important to understand that ABSIs should not be used as the sole metric to identify needs for at-risk communities.** While CPEHN thoroughly appreciates the advantages of using ABSIs, we also recognize that it is **equally important to directly engage with historically excluded communities who can be easily left out and further marginalized in these place-based and data-driven strategies.** The use of ABSIs is not an entirely new approach to the state and California was one of the first states in the nation to use these indices under the State's Blueprint for Economic Recovery and COVID-19 vaccination plans. While the use of the Vaccine Equity Metric (VEM) and Healthy Places Index (HPI) were important first steps to start centering equity, **additional considerations are needed to ensure data and data-driven strategies are used to uplift marginalized communities instead of further erasing them.**

It is critical to understand the limitations and potential misrepresentation of data that can occur when policymakers opt to simply rely on ABSIs as the only equity metric. The findings in Nothing About Us Without Us, point to specific recommendations policymakers and decision-makers should account for when opting to use ABSIs. These recommendations are also applicable to health care payers, plans, systems, and providers who seek to use quantitative tools to identify and address racial disparities and health inequities within our health systems at large.

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RECOMMENDATIONS CPEHN and partners identified four key recommendations that should be considered when opting to use ABSIs. These findings will help further accomplish statewide health equity goals. For more detailed information on each of the recommendations, please refer to page 3 of the [report](#).

1. Indices are most effective at helping policymakers identify and address inequities when paired with other tools and strategies including direct, authentic and transparent community engagement and long-term structural reforms.
2. Indices should be matched with the specific policy issues they are intended to solve.
3. Indices must directly factor in race, ethnicity, language, and other sociodemographic variables to adequately address systemic racism, discrimination, and exclusion.
4. The effectiveness of indices can be improved more broadly by employing research practices in statistical analysis that will result in better demographic data collection and reporting.