

# Data Principles for Advancing Health Equity



CENTER FOR IMPROVING  
VALUE IN HEALTH CARE

## Purpose

The Centers for Disease Control and Prevention identifies health equity as “the state in which everyone has a fair and just opportunity to attain their highest level of health.” Our community is in a state of health inequity when individuals experience preventable, disparate outcomes that are the result of non-medical, non-biological factors.

CIVHC helps communities, organizations, and individuals identify opportunities to develop and advance innovative approaches to improve the health and well-being of Coloradans. Maximizing the availability and quality of demographic data and stratifying reports to identify disparate outcomes between populations provides critical information for our partners to address equity gaps.

The enclosed Data Equity Principles establish CIVHC’s commitment to obtaining, using, and presenting data in the context of systemic drivers of inequitable health outcomes.

### Health Equity

...is the **attainment of the highest level of health for all people.**

Achieving health equity **requires valuing everyone equally with focused and ongoing efforts** to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

- [Healthy People 2023](#) (emphasis added)

### Health Disparity

...is a **particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.**

Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on [non-clinical, demographic, or other characteristics] historically linked to discrimination or exclusion.

- [Healthy People 2023](#) (emphasis added)

## CIVHC’s Commitment to Data Equity

Collecting reliable, standardized, high-quality demographic data is a challenge that administrators of All Payer Claims Databases across the country have grappled with for years. However, all agree that incorporating demographic data is essential to identifying health inequities across communities, providing insights for solutions and interventions, and to assess progress.

We commit to approaching the collection and reporting of health data with an equity lens, taking affirmative steps to identify and highlight the racial, socio-economic, and other demographic drivers of health inequity to improve health and health care throughout Colorado. We will continue to improve and expand on [CIVHC’s current efforts to improve demographic data quality and explore alternative data sources to fill data gaps](#). This includes expanding beyond race and ethnicity to quantify and contextualize the experiences of other chronically underserved populations.

## Because:

- [Health disparities are preventable](#)
  - [Social or economic status, geographic location, and environment](#) are the primary drivers of health disparities
  - [These demographic characteristics can influence one's experience with health care and health outcomes](#)
  - “Systems of inequity based on gender, race, ethnicity, sexual orientation, gender identity, disability, class, and other forms of discrimination [intersect](#)” to create [unique dynamics and effects](#)
  - [Health inequity is rooted in systems and policies](#), and
  - [Measuring health disparities is essential to advancing health equity...](#)
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## CIVHC Leadership and Staff Uphold the Following Data Equity Principles:

- We embrace the diverse ways in which [personal identity](#), [culture](#), and [community](#) contribute to physical and emotional well-being
  - We recognize that [health inequities](#) are worse for [communities experiencing injustice](#)
  - We continuously adapt our analyses and reporting to [maximize benefits and minimize harms associated with health data and reporting](#)
  - We aim to, as needed, proactively engage community experts at every stage of a project to inform decision-making and contextualize outcomes based on lived experience
  - We create spaces for staff and partners to process health data with [an equity lens](#) and support storytelling through health data
  - We commit to receiving feedback about the impacts of our data collection and reporting, understanding the unintended consequences of our prejudices, and working to rectify errors as they are brought to our attention
  - We engage with diverse partners and communities to ensure that how we develop and represent public data and talk about findings and results does not unintentionally harm individuals or communities
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## We Will Uphold These Principles by:

- Openly identifying who is represented or not represented in datasets, including how populations are defined and why
- Investigating and addressing in analyses how non-clinical characteristics can shape an individual's experience with healthcare and health outcomes
- Promoting public access to health data and helping users read and interpret their data
- Leading efforts that promote the collection and use of new data to fill gaps in knowledge about populations underrepresented by current methods

- Seeking resources that enhance our understanding of how social drivers influence health outcomes
  - Striving to ensure that communities who are represented in our data are included in our work through engagement, consultation, and other organizational practices
  - Using person-first and strengths-based language
  - [Practicing cultural humility through self-reflection and institutional accountability](#)
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## Actions We Will Take to Hold Ourselves Accountable Include:

- Establishing an annual Data Quality KPI, including baseline and target measure for available demographic categories in the CO APCD
  - Filling data gaps with alternative sources that enhance health equity reporting
  - Clearly documenting and reporting to partners measure definitions, assumptions, limitations, project costs, expectations, and goals
  - Creating opportunities for staff to learn about and implement new equity ideas
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## Example Actions That CIVHC Staff May Consider Adopting Include:

- Reporting and visualizing data with empathy. Our language, data layout, iconography, and color choices can all influence how the data is perceived. The Urban Institute's [Elevate Data for Equity Project](#) is an excellent resource for guidance, particularly their publications on [Equitable Data Practice](#)
- Considering social contexts for apparent disparities and consulting with subject matter experts
- Participating in community meetings or joining a community workgroup

*These guiding principles are not intended as a policy or set of operating procedures. Further, the activities outlined in this document represent only a small portion of CIVHC's approach to advancing health equity through our work.*

Visit [www.civhc.org](http://www.civhc.org) to learn more.