FRAMING DATA TO ADVANCE EQUITY

OFFICE OF HEALTH EQUITY
COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT

WHO?
The Office of Health Equity developed these tips for professionals who work with population data, to spark ideas about how to frame data to tell the full story.

WHAT?
This handout should provide basic steps for data staff to consider, as well as inspire topics for further discussion and strategy. It is not intended to provide an exhaustive list of tips to use when disseminating data.

WHY?
Data are critical for decision-making, but data don't always tell the whole story and can sometimes perpetuate negative stereotypes. We all have values, beliefs and assumptions that shape how we perceive the world. Any new information we receive filters through the beliefs we already have. For example, individuals may believe high rates of obesity exist in certain populations because "those" people drink too much soda and eat too much junk food without acknowledging the context in which the individuals live. For example, they may not have safe places for physical activity or a nearby grocery store with fruits or vegetables. That filter might reinforce a person's belief that individuals are solely responsible for their health outcomes, rather than recognizing that 40 percent of our health is determined by socioeconomic factors such as social support, access to quality housing, education and transportation[1]. When we present data, it's our job to provide the relevant context and background to shape the story. A "frame" helps us integrate information, including root causes and solutions. Learning about framing is important because frames can unintentionally trigger emotions, values, judgments, and causal explanations.[2]

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[1]Robert Wood Johnson Foundation, County Health Rankings & Roadmaps

[2]Berkeley Media Studies Group. Framing 101.

Here are some tips:

#1: Demographic context. Frame health outcome data in the context of neighborhood structural, environmental and social conditions. For example, research shows low levels of educational attainment and poverty can lead to a higher prevalence of chronic disease. If you're displaying diabetes rates by race, include high school dropout rates and poverty data by race as well. You may be able to strengthen your case through inferential statistics. For example, using U.S. Census data, the Joint Center modeled the predicted rate of Black, Hispanic, and White-infant mortality for differing levels of segregation. Infant mortality rates are higher among groups experiencing a higher level of racial segregation (see Figure 1 below). It is also important to calculate data with various geographic resolutions (zip code or census tracts). This is because neighborhood-level disparities can often be masked in a county or city average. In high-density counties or cities with diverse populations, it is common to find great disparities between neighborhoods. If two adjacent neighborhoods have substantially different health outcomes, a city-level average can be misleading.

Table 4. Segregation and Predicted Black-White and Hispanic-White Infant Mortality Rate Difference, 2010

Level of Segregation	Level of Black-White IMR Disparity	Level of Hispanic-White IMR Difference
0	4.68	-0.32
25%	5.90	0.36
34%	6.34	0.60
50%	7.12	1.04
67%	7.96	1.50
75%	8.35	1.72
100%	9.57	2.40

Source: Census data, 2000 and 2010 for Segregation; National Vital Statisics System, 2000 and 2007 for IMR Cities pop > 100,000

Figure 1: Table by the Joint Center, *Segregated Spaces, Risky Places: The Effects of Racial Segregation on health Inequalities*

#2: Whenever possible, include data on other systemic determinants. Providing additional data frames the context and helps people understand a more complete picture. If presenting data in Figure 1 for example, consider adding additional root cause context such as historic housing policy and its role in residential segregation. Glynis Shea, Communications Director at the Konopka Institute for Best Practices in Adolescent Health, gives the following example. Instead of only using a data point such as "One out of every four young girls has a sexually transmitted infection," paint a more comprehensive picture and frame the data with an additional data point such as "80% of physicians do NOT offer STI screening to patients under 18."[3] That accompanying data explains a root cause that may need to be addressed to prevent the disparity from widening. In some cases, it might create an avenue to start conversations with other groups outside of traditional health, such as in transportation or housing, or with community organizations who are already working on similar issues. This is an important step to advance health in all policies, as the cross-sector data can help inform decisions about which populations and neighborhoods should be prioritized for public health services. The Bay Area Regional Health Inequities Initiative identifies 15 social determinant of health indicators to include with morbidity and mortality data.[4] The indicators reach across economic, service, social, and physical domains. Consider including these data using the same stratification for health outcome data.

[3] **Glynis Shea, University of Minnesota. Konopka Institute for Best Practices in Adolescent Health. Health Disparities & Pediatrics.**
[4] **Bay Area Regional Health Inequities Initiative. (2015).** *Applying Social Determinants of Health Indicator Data for Advancing Health Equity. A guide for Local Health Department Epidemiologists and Public Health Professionals. Oakland, CA.*

15 Social Determinant of Health Indicators

ECONOMIC DOMAIN
1. Income Distribution
2. Unemployment
3. Housing Cost Burden
4. Living Wage
5. Food Insecurity
6. Foregoing Health Care

SERVICE DOMAIN
7. Violent Crime

SOCIAL DOMAIN
8. Educational Attainment
9. Voter Participation
10. Social Capital/Social Support
11. English language Learners

PHYSICAL DOMAIN
12. Air Contamination
13. Access to Public Transportation
14. Alcohol Access
15. Food Access

#3: Incorporate the voice of people facing inequities. Make it routine practice to include community voices in determining what data to collect, interpreting the data, and communicating the data findings for action. Keep in mind that in some cases, communities have been treated as research subjects; they never heard back from the entity who collected the data. It is important to share the data with residents in an accessible manner, honor community wisdom, and be willing to collaborate on solutions. Be sure to be sensitive; many times communities are already aware of the disparities. Since these inequities can cause painful life circumstances, approaching the community with thoughtful conversations and a willingness to collaborate on solutions can help build trust. Epidemiologists at the Ledge Light Health District found that relying on their own data was inadequate, but incorporating qualitative data gathered from community members' lived experience increased their capacity to analyze population health and identify root causes.[5] Focus on community strengths using an Asset-Based Community Development[6] approach. For additional guidance on respectfully working with community partners, including steps to take before reaching out, refer to Authentic Community Engagement to Advance Equity.

#4: Make Data Understandable and Know Your Audience. In the words of data visual expert Stephanie Evergreen, "Presenting data effectively changes the conversation."[7] Make every word count on graphs, charts, and infographics. For example, in a California plan to promote health and mental health equity, the following headlines give a clear message: "Latino or Non-White Populations Are More Likely to Live in Areas with a High Burden of Pollution"; "Rates of Suicidal Thoughts are Higher Among Bisexual, Gay, and Lesbian Adults,".[8] Try to tell a story through the data to make it more compelling and tailored to your audience so they walk away with action steps.

Remember, as public health professionals, we have a responsibility to present data clearly and completely. That means framing the problem within the appropriate context. In the words of Glynis Shea, "The frame always trumps the facts." This handout is intended to generate thought and discussion. For further information and resources, please refer to the list of free resources below.

[5] Connecticut Association of Directors of Health. (2012). *Advancing Community Health: Health Equity Alliance Project Report*.
[6] http://www.abcdinstitute.org/
[7] *Evergreen, S, Emery, A. (2016).* Data Visualization Checklist.
[8] *California Department of Public Health. (2015).* Portrait of Promise: The California Statewide Plan to Promote Health and Mental Health Equity.