



Using Data to Promote Health Equity: Maine 2016

Executive Summary

The report, “Using Data to Promote Health Equity: Maine 2016,” was developed for the Maine Center for Disease Control and Prevention to help guide their health equity work.

Health equity is the “attainment of the highest level of health for all people.”¹

Health inequities are differences in health that are unavoidable, unfair, and unjust.²

Health disparities are differences in health outcomes among groups of people linked with social, economic, and/or environmental disadvantage.³

Valid and informative data are needed to understand the scope of health inequities and the factors contributing to health disparities. It is also critical to monitor inequities to ensure progress towards comprehensive, long-term reductions in disparities.

The report uses data, literature and stakeholder interviews to summarize:

- How available public health data systems can promote a health equity perspective;
- How data can be used to highlight the relationship between health and social determinants of health;
- What we currently know about populations with health disparities in Maine.

This executive summary provides the main findings and recommendations. To access the full report, please go to: www.mainepublichealth.gov/

Findings and Recommendations

1. Existing public health surveillance systems are not collecting data on race, ethnicity and language in a consistent and detailed enough manner to adequately describe people who live in Maine.

It is critical to reinforce the importance of using the OMB guidelines for collecting and reporting race data by providing training at hospitals, birthing facilities, and coroners to improve the accuracy and completeness of data reporting. Evaluations of these systems are needed on an ongoing basis to ensure accuracy and completeness.

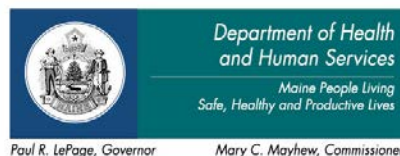
2. It is necessary to increase the collection of quantitative and qualitative data on population subgroups not adequately captured in public health surveillance systems. Alternative and innovative methods of sampling, data collection and analysis can provide information on population groups with health disparities.
3. Data systems need to be improved to provide more timely data and data need to be made available at a local level.
4. Social determinants of health need to be measured in public health surveillance systems. Support and education need to be provided for the analysis of these indicators and how findings can be used to address health risks and outcomes.
5. Partnerships between state and local partners and diverse communities can increase understanding and use of data to better address social, economic and demographic factors affecting health, health care, and access to health.
6. Continuous training and education on presenting data from a health equity perspective is needed. Public health and local agency staff should be trained on the concepts of health equity and methods to collect, analyze, report, and apply health equity data findings.

Consistent and meaningful reporting of health disparities, and the social, economic, structural, and geographic factors that impact health, can change the way we understand, prevent, and improve health.

¹ U.S. Department of Health and Human Services. The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. Phase I report: Recommendations for the framework and format of Healthy People 2020 [Internet]. Section IV: Advisory Committee findings and recommendations [cited 2010 January 6]. Available from:http://www.healthypeople.gov/sites/default/files/PhaseI_0.pdf

² Health Equity Institute, San Francisco University. <http://healthequity.sfsu.edu/content/defining-health-equity>

³ Braveman P. What is health equity: And how does a life course approach take us further toward it? *Maternal and Child Health Journal* 2014. 18:366-372.



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