



The Public Health Institute at Denver Health Responsible Data Practices

The Public Health Institute Commitment to Responsible Data Practices

The Public Health Institute at Denver Health (PHIDH) aspires to present data humbly, recognizing that numbers never tell the whole story. We actively engage with individuals and communities to learn from and share their stories, deepening our collective learning. Knowing that people experience life through multiple layers of identity, which can affect their access to high-quality healthcare, we commit to pairing data with lived experiences to inform policy and drive systems change, thereby improving health and well-being for all while maintaining trust, transparency, and accountability.

Purpose: This document intends to demonstrate ways in which PHIDH can make the methods in which we analyze data more responsible. The practices below are meant to prompt conversations with colleagues and community members about how we analyze our data, so we aren't making these decisions alone. Continued learning and conversations will allow us to continually improve our responsible data practices. This document is meant to be a living document, and as we learn more, it will be updated over time.

Responsible Data Practices

1. We recognize that systemic, social, and economic barriers impact health outcomes.
2. We acknowledge that health outcomes are worse for communities impacted by societal barriers.
3. When we talk about individuals, we use a strengths-based approach; when we talk about variations in health outcomes, we use a systems-level approach. We do this to avoid judgment, blame, or marginalization of individuals or communities.
4. We strive to include the lived experience and traditional knowledge of community members in population health analysis, because the community health experience is complex.
5. We proactively engage communities to identify gaps and variations in health outcomes, interpret findings, shape our work, and act toward improving health and well-being.

- 1. We recognize that systemic, social, and economic barriers impact health outcomes.**
 - a. Identify ways in which historical and systemic barriers affect health outcomes.
 - b. Recognize that race is a social construct, not an inherent biological determinant of health.
 - c. Learn more about populations and health issues with which we are not currently familiar.
 - d. Recognize and challenge how personal biases affect analysis and reporting of data through thoughtful discussion with those we work with. Share the choices we make when collecting and analyzing data. Be transparent about the limitations of our analyses and data sources.
 - e. Encourage funders to understand and align with our internal efforts around responsible data reporting.
- 2. We acknowledge that health outcomes are worse for communities who are impacted by societal barriers.**
 - a. Disaggregate data by race, ethnicity, sex, nativity, ancestry, income, location, and other factors to the extent possible while cognizant of intersectionality. Individuals often experience multiple, overlapping identities, and disaggregation may sometimes obscure these intersections.
 - b. Support the collection and use of new data to fill gaps in knowledge about populations underrepresented by current methods through means that do not introduce bias into the data or alienate individuals.
 - c. Avoid analyses that position one population as the standard or ideal in ways that may overlook or minimize the experiences of other groups.
 - d. Understand how p-values can lead us to call a problem experienced by a large group “real” while we dismiss the very same problem experienced by smaller groups as “chance.” P values are highly dependent on sample size.
- 3. When we talk about individuals, we use a strengths-based approach; when we talk about barriers, we use a systems-level approach. We do this to avoid judgment, blame, or marginalization of individuals or communities.**
 - a. Use person-first language in written descriptions to acknowledge a person’s identity beyond their condition, ability, situation, or experiences.
- 4. We strive to include the lived experience and traditional knowledge of community members into population health analysis, because the community health experience is complex.**
 - a. Work to tell a story through data so that we, in partnership with the community, can act on it.
 - b. Recognize that data can have a powerful effect on people. Commit to creating the time and space to process and receive feedback anytime data is presented.
 - c. Pair data visualizations and graphics with a simple written summary to increase clarity and accessibility of our work to audiences with varying data literacy.
- 5. We proactively engage communities to identify gaps and variations in health outcomes, interpret findings, shape our work, and act toward improving health and well-being.**
 - a. Collaborate to reveal, evaluate, and address the dynamic structures that are involved in a data project to achieve desired outcomes. The ways in which we can do this are:
 - i. Collaborate with community members to determine data collection methods, design data collection tools, identify key findings from data collected, determine how data should be presented, and guide decision-making about future data collection efforts.
 - ii. Ensure that those we are collecting data from understand how their data will be utilized and own the data that they are providing (i.e., An Individual can tell you to delete their data). Permission must be obtained for any additional use of the data outside of the original intent.