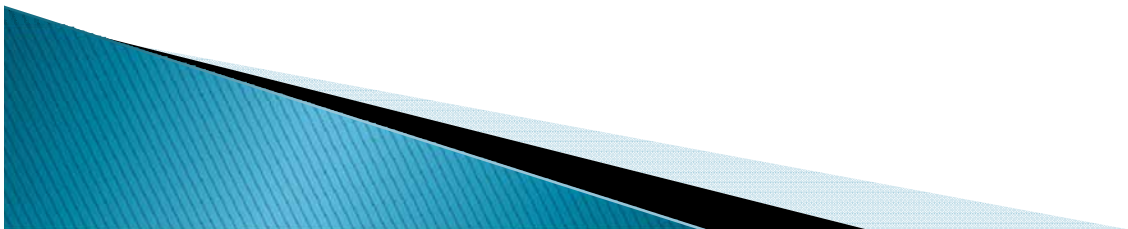# COMMUNITY HEALTH INFORMATION PROJECT (CHIP)

National Committee on Vital and Health Statistics
Full Committee Meeting
September 21, 2011

THE COMMUNITY AS A LEARNING SYSTEM FOR HEALTH: USING LOCAL DATA TO IMPROVE LOCAL HEALTH

NCVHS Subcommittees on Population Health and
Privacy, Confidentiality and Security

- ➢ What communities need to have and do to become *learning systems for health*
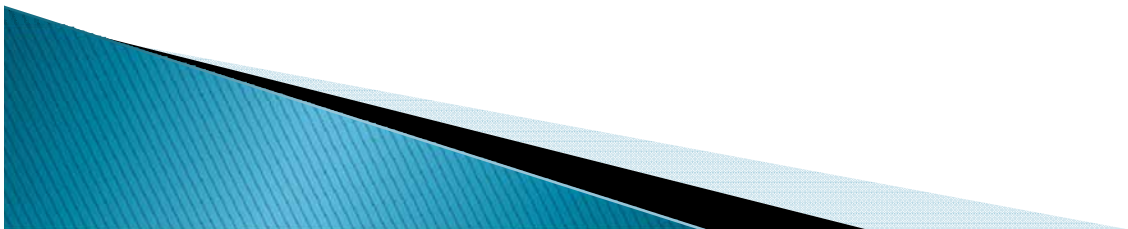
- ➢ How the federal government can help

▸ *Geographic* communities, because *place matters*: The place where people live has a large impact on their health and well-being.

▸ *Communities as learning systems*: people, actions, results, & knowledge, connected in feedback loops

Emerging vision: getting usable data into the hands of communities with the capacities to use them
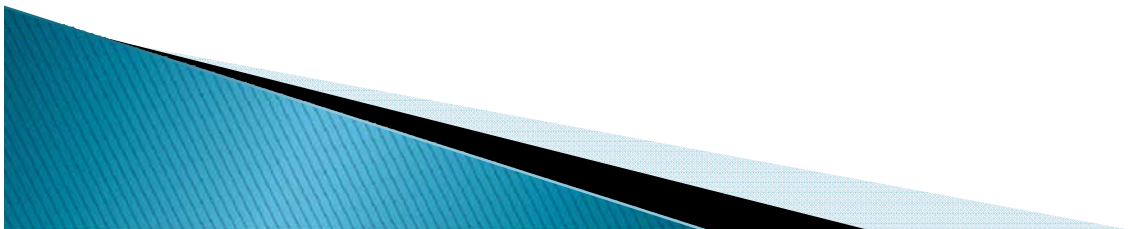
Deep roots in NCVHS population health mission, vision statements, and recommendations, e.g.:

- Community health assessment recommendations (1993, 1997)

- Information for Health (2001)

- Shaping a Health Statistics Vision for the 21st Century (2002)

- Enhanced information capacities (60th anniversary concept paper, 2010)

- Secondary use and data stewardship (recommendations and primer) (2007-8)

- Eliminating health disparities; enabling linkages

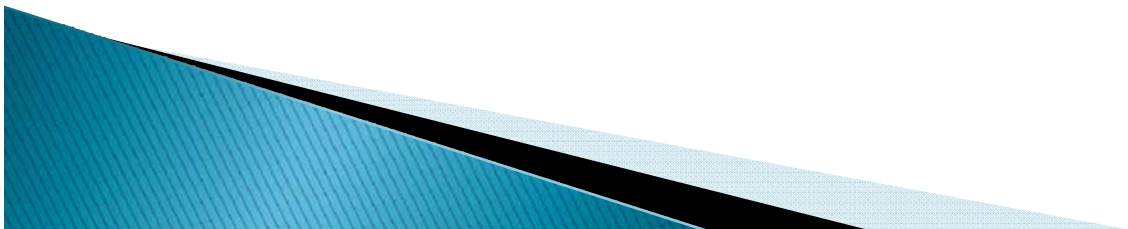- Privacy and confidentiality recommendations

Why now? — Striking new solutions are emerging

▶ Health information technology is elevating the role of data in local health activities

▶ Greater recognition of the role of the social determinants

▶ Unprecedented federal investment in community health work

THE NCVHS COMMUNITY HEALTH INFORMATION (CHIP) PROJECT

▸ 14 leading-edge community projects (11 states, 4 U.S. regions) using local data to drive policy, planning, and change for better community health

▸ NCVHS workshops in Washington, D.C., in February and May, 2011

REPORT CONTENTS
(for full Committee review November, 2011)

▸ Workshop findings about leading-edge communities' experiences

▸ What communities need; how the federal government and others can help

▸ Opportunities in today's environment

▸ Knowledge gaps and questions for future exploration

▸ Case sketches; illustrations of community experience

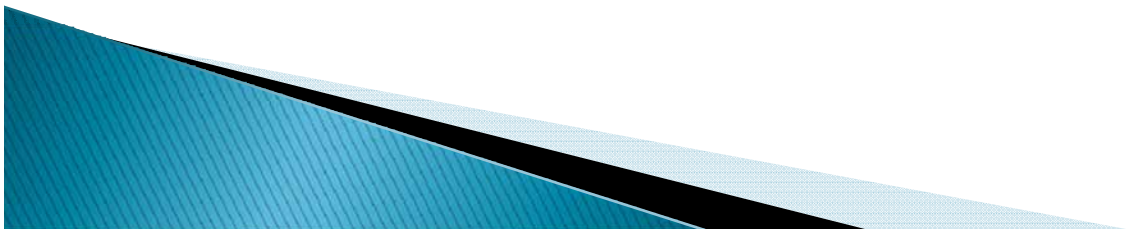# SUCCESS FACTORS IN COMMUNITY LEARNING SYSTEMS FOR HEALTH
—connecting people, actions, results, and knowledge

1. A galvanizing health concern

2. A comprehensive understanding of health and community health

3. Trust and a collaborative culture—social capital

4. Access to data on local health and its determinants

5. Analytic capacities

6. Data display and dissemination capacities

7. Functioning coalitions, community engagement, agreement on priorities

8. Organizational and technical support

9. Political and financial support

10. Processes and systems to translate information and priorities into action, evaluate results, and modify as needed

A QUICK TOUR THROUGH THE REPORT—

1. **INTRODUCTION**

    - Nature and purpose of this project

    - What do we mean by *community,* and what is a *learning system for health*?

    - Antecedents of this project

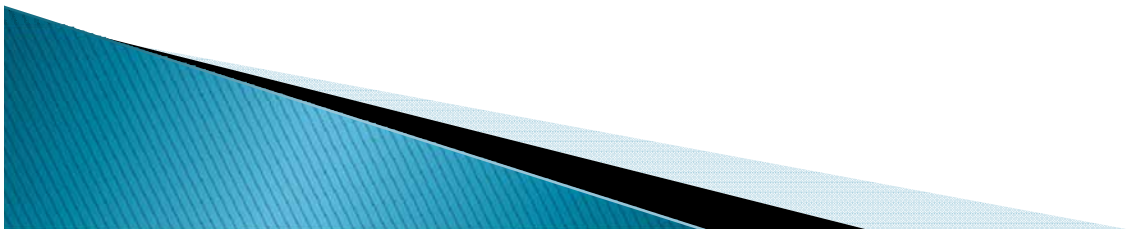**2.** **LOCAL SOLUTIONS, NATIONAL SCALE…TIPPING POINT?**
— Promising strategies gleaned from the community exemplars—

Identifying priorities and building partnerships and collaboration
- Involving citizens and community groups; generating new partnerships
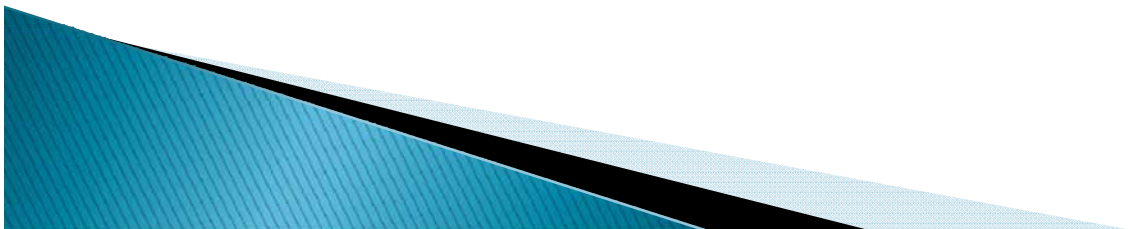
- The key role of data

Developing data around a broad definition of health
- Leveraging and linking multiple data sources on health and determinants

- Linking clinical and population health data

- Generating local data

- Innovatively displaying and disseminating data: dashboards and more

- Mobilizing for information-driven action and evaluation

- Town-gown partnerships to improve local health

Building Trust

- Educating community members and leaders about data use and benefits

- Involving community members in decisions about data use and more

- Trust-building among organizations and agencies that are data sources

- Governance fosters a sense of ownership and control

- Transparency

3. NEEDS, ISSUES AND GAPS
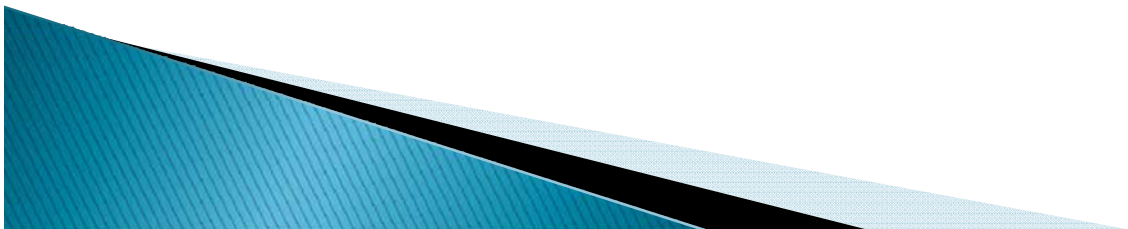
—Common challenges; priorities for future action—

Miles to Go

Data issues
- More granular data across the board; better analytic capacity

- Standardized community health indicators: part of the solution?

- Data quality issues

Stewardship + privacy protection + citizen involvement + governance = Trust
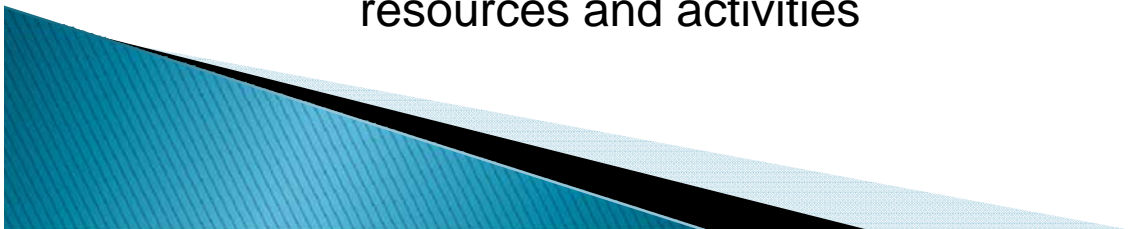
- What worries some people, what they fear, and why

- Growing linkages and granularity can—and should—heighten privacy concerns

- Technical solutions alone are inadequate

- What is health data stewardship?

- The need for standards and models

Needed: An infrastructure for support, shared learning, and economies of scale.

Examples:

- Standardized set of community health indicators

- Training and technical assistance to improve analytic and data management capacities

- Support and/or facilitation to strengthen local financial and human resources

- Better data visualization tools and skills

- Support for public health departments to take advantage of Meaningful Use criteria

- Help with translating local knowledge into action

- Mechanisms for sharing learning and finding out about outside resources and activities
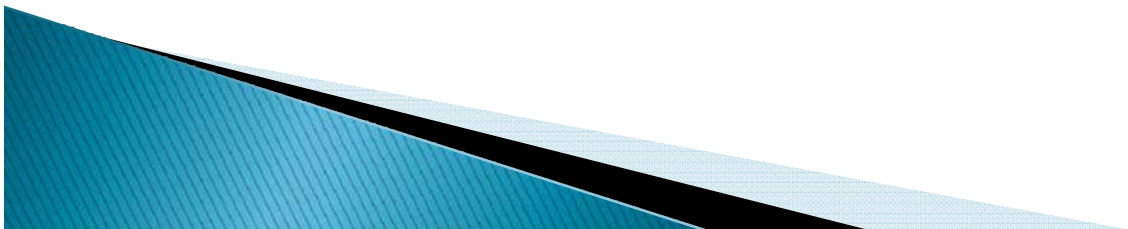
4. ENVISIONING A FEDERAL ROLE

Collectively, local efforts could become a powerful engine for population health improvement on a national scale, *if* they had adequate support.

The Federal government can do much to both seed and harness the energy of community health movements.

Examples:

- Federal and state web-based data query systems for small area data, easy analytics, visualization capabilities

- Broader Small Area Estimates

- Standardized community health indicators; expanded definition of health status indicators; expanded access to these data

- Help with access to more granular data, including on environmental and resource factors.

- Better bridges between clinical and public health data systems

- Longer funding periods for successful projects; transitional support for institutionalization of promising new policies and program.

- More technical assistance in survey design, data collection, use of technology, development of apps, mapping/data visualization, etc.

- Use existing initiatives such as regional extension centers to provide training, technical assistance, mentoring, and technology solutions.

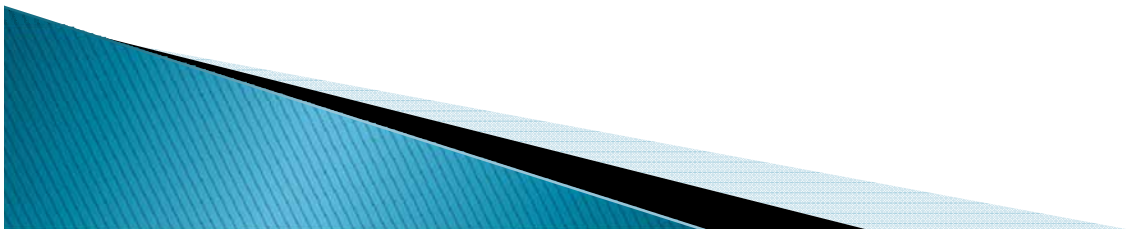- Work with many at once to realize economies of scale.

5. **DRIVERS AND OPPORTUNITIES IN THE CURRENT ENVIRONMENT**

6. **QUESTIONS AND KNOWLEDGE GAPS: WHAT DO WE NEED TO KNOW TO DO WHAT WE WANT TO DO?**
   (Some of these questions call for research, others for thought and deliberation.)

   - Questions about privacy, security, and trust

   - Questions about current local data use and limitations

   - Questions about community health assessment

Attachments to the report:

- Environmental scan?

- Annotated bibliography, including key NCVHS reports

- NAHDO recommendations

- "Influences on the Population's Health" graphic from 21st century health statistics report

- NCVHS roster