

# **The Community as a Learning System: Using Local Data**

Crafting the Vision and Developing the Research Agenda for the NCVHS

November 13, 2012

Bruce Cohen & Sallie Milam, Co-Chairs, Population Health Subcommittee

**The National Committee on Vital and Health Statistics**  
*The Public Advisory Body to the Secretary of Health and Human Services*

# Participants

- Subcommittee members and staff:
  - Sallie Milam, J.D
  - Kassi Webster, M.P.H., Lead Staff
  - Bruce B. Cohen, Ph.D.
  - Tammara Jean Paul, Ph.D.
  - Leslie Francis, J.D., Ph.D.
  - Douglas Boenning, M.D. *ASPE*
  - Vickie Mays, Ph.D., M.S.P.H
  - Nancy Breen, Ph.D. *NCI, NIH*
  - Len M. Nichols, Ph.D.
  - Leslie Cooper, Ph.D., *NIH*
  - Walter G. Suarez, M.D., M.P.H.
  - Jacqueline Lucas, *NCHS*
- NCHS Team: Debbie M. Jackson, Nicole Cooper
- Susan Kanaan – Writer for the Committee
- Other Federal agency support

# Overview

- Background
- Process
- Outcomes
- Future directions
- Questions/discussion

# Background

- Goal: develop proactive short-term work plan and longer-term direction for the full committee
- Integrate with other subcommittee and work group activities
- Use the 3 NCVHS strategic themes for guidance
  - Empowering communities to use data to improve their health
  - Facilitating standards development and implementation
  - Shaping a vision and unifying framework for convergence within the U.S. health data infrastructure

# 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
- (The Community as a Learning System: Using Local Data to Improve Health Report)

# Folsom Report Revisited

- Incorporates the principles of community-oriented primary care.
- Empowering communities theme: Pivotal “communities of solution” concept emphasizes the fluid and organic nature of such communities and the paramount importance of local decision-making. Envisions the PCP as “public health professional” working through partnerships to facilitate healthy change. Cites expanded chronic care model, in which “effective health promotion follows the lead of the community.”

# Folsom Report Cont'd.

- Convergence theme: Seeks to heal the fragmentation in health care and health systems by fostering convergence of data sources, clinical and public health partners in community health improvement, and approaches that encompass health determinants and health care. Recognizes existing trends in these directions. Stresses that addressing social determinants requires linkages, using tools that now exist. Calls for Federal and local efforts.
- Identifies 13 Grand Challenges.

# Conceptual Convergence



- Slide title: conceptual convergence
- contents overview: 3 overlapping circles representing: 1) health care provider dimension, 2) personal health dimension, and 3) population health dimension
- the union of the 3 circles contains: de-identified information, mandatory reporting, community directories, public health services and survey data
- the intersection of health care provider and personal health circles contains patient ID, health industry, health insurance, consent forms, and medication alerts
- intersection of health care provider and population health circles contains vital statistics, population health risks, communicable disease, SES conditions, registries
- intersection of population health and personal health circles contains inspection reports, public education materials, and environmental hazards
- unique to health care provider circle are provider notes, clinical orders, practice guidelines and decision support programs
- unique to personal health circle are non shared personal health information, self-care trackers, audit logs, and personal library
- unique to population health circle are infrastructure data, planning and policy documents, surveillance systems, and health disparities data



# Process for Agenda Setting

- Inclusive Discussion involving
  - NCVHS Executive Subcommittee - Strategic Planning Session, Aug. 9 and subsequent calls
  - Ongoing calls between co-chairs/staff
  - Empowering Communities, Individuals and Families Morning Session at the Sept. 21 Full Committee Meeting
  - Population Subcommittee conference call, Oct. 31
  - Input, suggestions from incoming chair (former Population Health Co-Chair)
  - Subcommittee Project Options: Decision Matrix – Preliminary Analysis

# Project Options Survey

- Provided to Population Health Subcommittee
  - 7 respondents provided input and rated proposed projects based on
    - Ability to advance over-arching NCVHS themes
    - Ability to take action and resources required
    - Timeliness
    - Building upon prior NCVHS work
    - Alignment with new working group
    - Audience
    - Driver/ subordinate activity

# NCVHS Population Health Subcommittee Project Options: Decision Matrix

## NCVHS Population Health Subcommittee Project Options: Decision Matrix

Given the richness and variety of options, we are asking the Populations Subcommittee to review the matrix below and provide feedback as soon as possible. If you are able to provide feedback in advance of the subcommittee call, wonderful. If not, then we would like to **receive your feedback no later than November 2**. Please return your comments to Debbie Jackson, Tammara Jean Paul, and Kassi Webster—our new staff team. Your feedback will shape the recommendations to the full committee on November 13.

**Task:** For each activity, please rate the factors in columns 2 – 6, on a scale of 1-5, with 1 as low, 3 medium and 5 high. For the 7<sup>th</sup> column, indicate **D for driver and S for subordinate** activity. Feel free to add observations and comments at the bottom. Please also feel free to add a new activity. If you choose to do so, we ask that you add it as a new row and rate it as well.



1	2	3	4	5	6	7	8
	Ability to advance over-arching NCVHS themes?	How actionable? Consider resources required.	How timely?	To what degree does it build on prior NCVHS work?	Does it align with the new working group on data?	Is the activity a driver or a subordinate activity?	Who is the audience?
<b>Activity 1: Follow-up on report communities as a learning system report</b>							
<b>1A.</b> Hold a "2 years later" workshop and invite selected communities from the 14 originals to participate...e.g., "our" 2 Beacon communities plus others on the leading edge in multi-sector collaboration, community engagement/participation, etc. Such a meeting could help identify the most constructive next steps for NCVHS.							
<b>1B.</b> Hold hearing/workshop to address the following fundamental community health learning questions: 1) What is unique about community health that is not captured in (aggregated) individual health? 2) How can this information be captured and tracked?							

# Activity 1: Follow up on Report Communities as a Learning System Report

**ACTIVITY 1: FOLLOW-UP ON REPORT COMMUNITIES AS A LEARNING SYSTEM REPORT**

**ACTIVITY 1A. Hold a "2 years later" workshop and invite selected communities from the 14 originals to participate—e.g., "our" 2 Beacon communities plus others on the leading edge in multi-sector collaboration, community engagement/participation, etc. Such a meeting could help identify the most constructive next steps for NCVHS.**

	Low 1	2	Average 3	4	High 5	N/A
Ability to advance over-arching NCVHS themes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How actionable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consider resources required.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How timely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what degree does it build on prior NCVHS work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does it align with the new working group on data?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

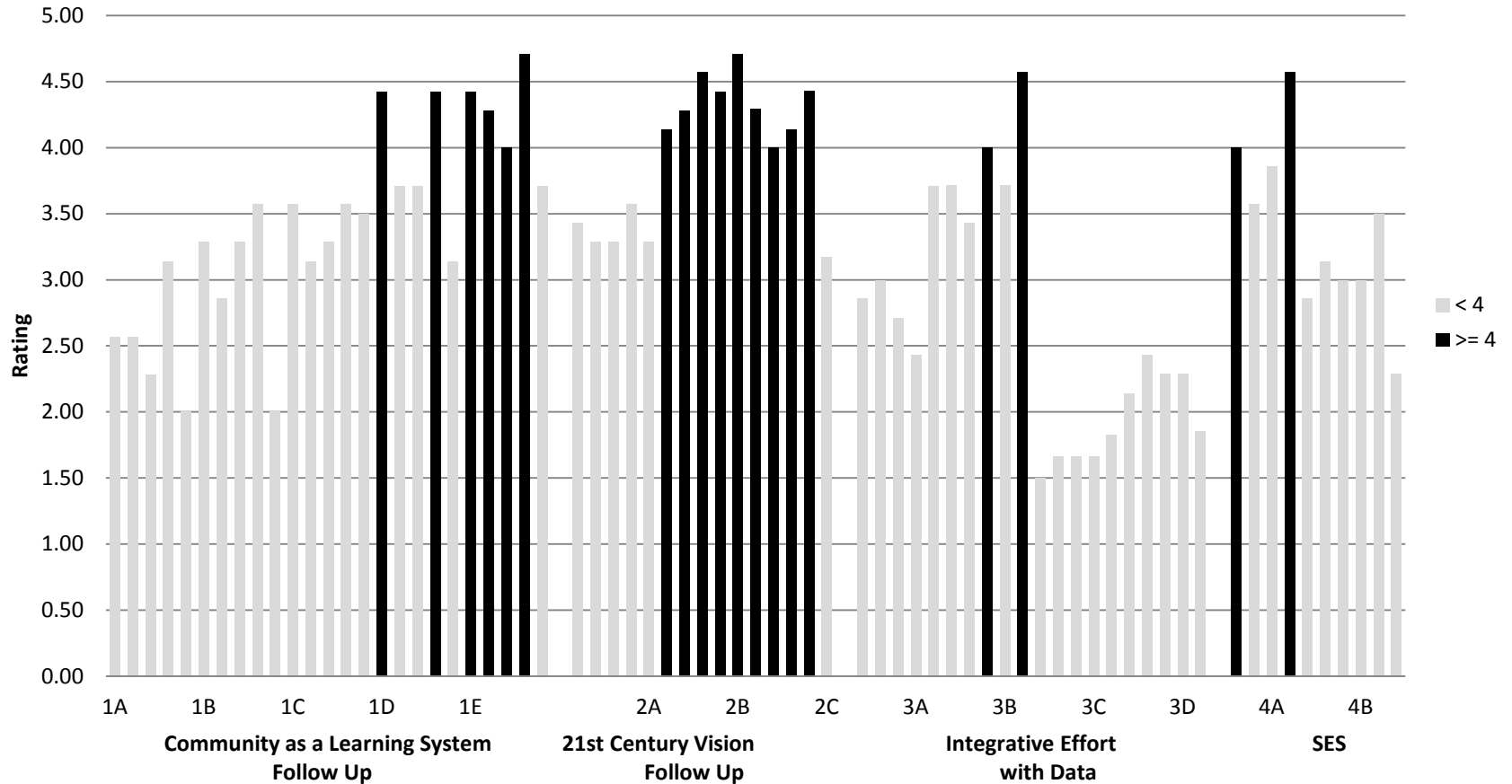
Who is the audience for Activity 1A (2 Years Later workshop)?

**ACTIVITY 1B. Hold hearing/workshop to address the following fundamental community health learning questions: 1) What is unique about community health that is not captured in (aggregated) individual health? 2) How can this information be captured and tracked?**

	Low 1	2	Average 3	4	High 5	N/A
Ability to advance over-arching NCVHS themes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How actionable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consider resources required.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How timely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what degree does it build on prior NCVHS work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Survey Analysis

## Population Health Survey Results



# Survey Analysis

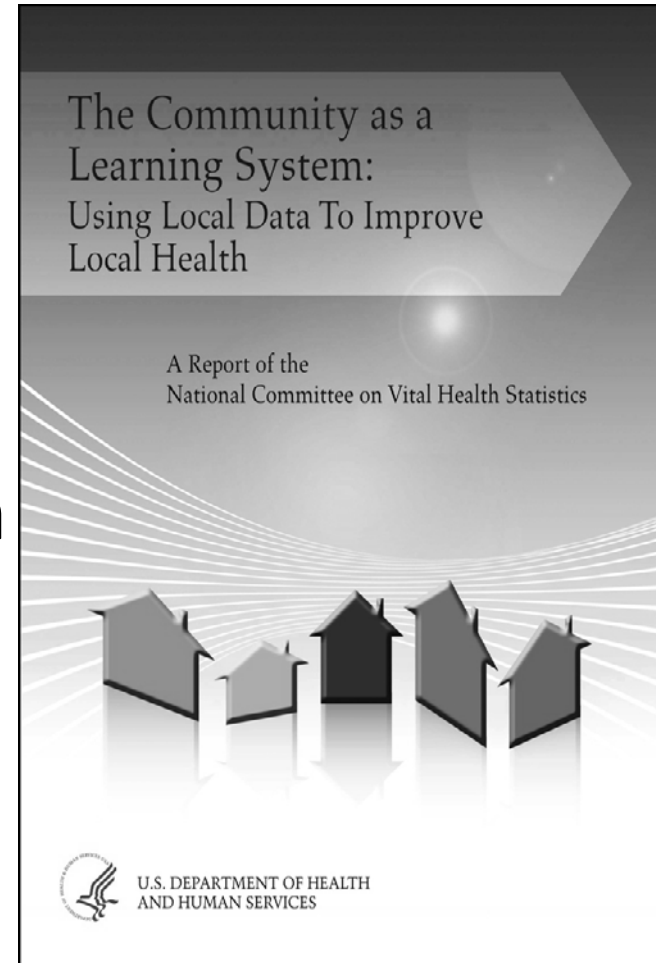
- Averaged ratings for each factor (1=low, 5=high). Highest ratings were found for –
  - Explore in depth one or more of the infrastructure attributes on p. 30 of the Community as a Learning System report
  - Develop recommendations for the Secretary on federal actions outlined in report
  - Develop an assertive dissemination plan for the 21<sup>st</sup> Century Vision diagram of influences on health
  - Develop guidelines for appropriate stewardship of data dissemination and community characteristics
  - Use operationalization of 21<sup>st</sup> Century Vision to develop apps and disseminate data
  - Explore longer term and complex SES measures mentioned in initial workshop
- Reviewed qualitative data and additional suggestions

# Using Local Data to Improve Local Health

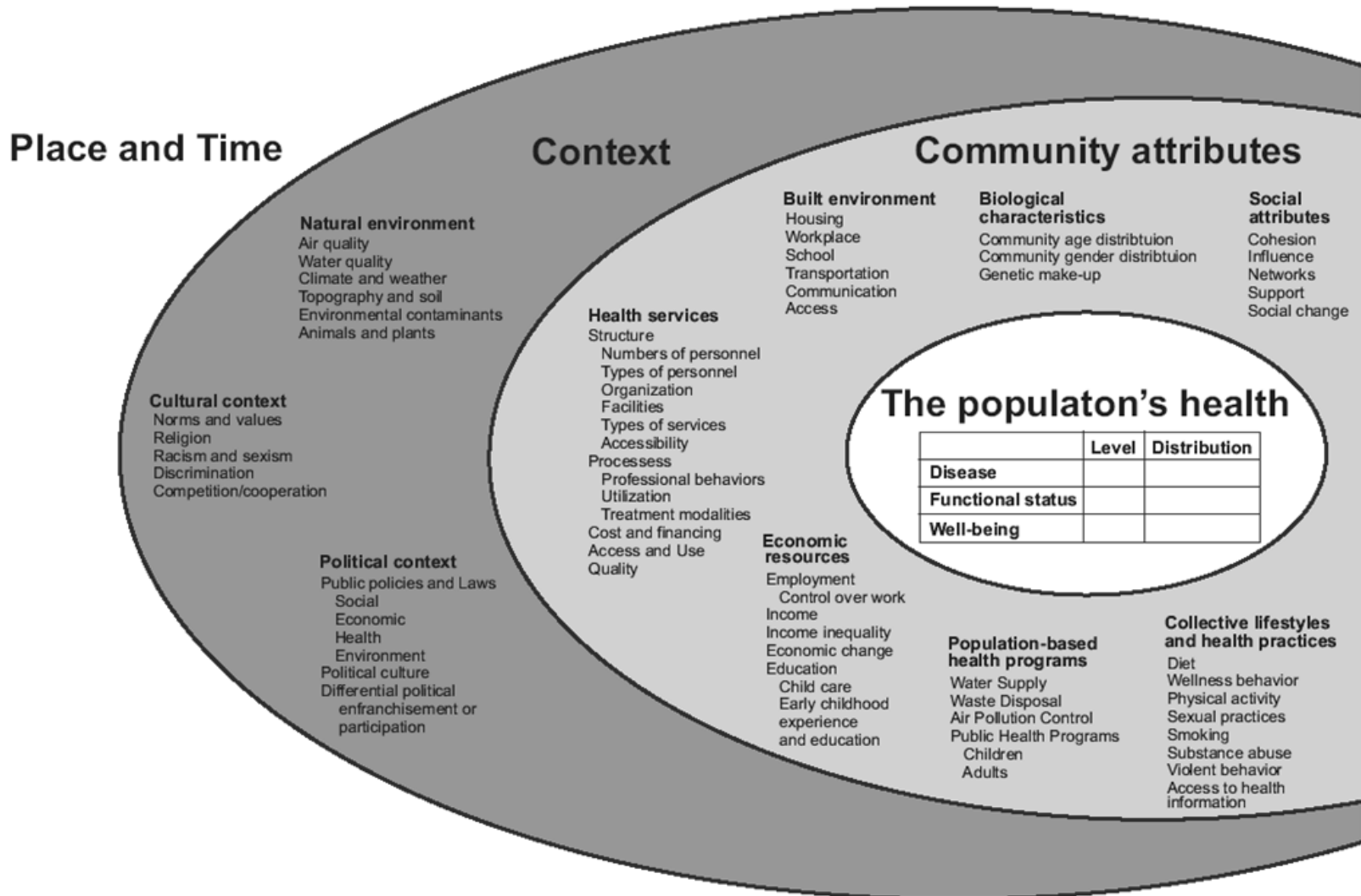
Feb. 8<sup>th</sup> and March 12<sup>th</sup> 2011

## Workshops

- Published, November 2011
- Joint Project of the Population Health and Privacy, Confidentiality and Security Subcommittees



# Shaping a Health Statistics Vision for the 21<sup>st</sup> Century (2002)





# Outcomes: Menu of options

- Perform an enhanced environmental scan to study the field of community health needs assessment to identify what leading-edge communities are doing and the resources available to them.
- Operationalize the “Influences on Health” schematic in *Shaping a Health Statistics Vision*.
- Review and use concepts of the *Folsom Report Revisited* to focus on converging the concepts of Family Practice with Public Health, developing guidelines to use data from both to enhance the effectiveness of the physician and patient relationship as it impacts community health.
- Craft a future scenario or vision—the preferred future with regard to community data access and use.

# Outcomes: Menu of options (continued)

- Review literature, data sources to develop standard, consensus variable definitions for health, risk, and social determinant variables used by communities
- Develop survey questionnaire ‘bank’ to assess and provide comparable questions for community use
- Organizational linkage: develop recommendations to link researchers with communities for participatory research and to link health care providers with communities.
- Explore longer term and higher level SES and social determinant measures.
- Identify needs for local infrastructure to support data use to improve community health.

# Outcomes: Draft proposed work plan

1. Craft a vision (desired future scenario) for community health data use
  - Operationalize "influences on health" schematic as conceptual framework
  - Integrate developmental work on measures of SES and other social determinants
  - Identify potential community health summary indicators
2. Study what leading-edge communities are doing around community health needs assessment and identify what gaps need to be filled

# Outcomes: Draft proposed work plan (continued)

## 3. Conceptualize the infrastructure needed to support local data use

- Apply concepts in Folsom Report Revisited re: clinical-public health convergence
- Focus on recommendations for Federal technical and analytic support for data use
  - Converge and synthesize Federal data sources, variable definition options and standards
  - Provide small area estimation and web data dissemination options
- Integrate recommendations for organizational linkages

# Future directions

- Feedback from full committee
- Planning session, November 15
- Draft final work plan

**The National Committee on  
Vital and Health Statistics:  
*The Public Advisory Body to the  
Secretary of Health and Human  
Services***

- Questions/ Discussion