



National Committee on Vital and Health Statistics

Advising the Secretary of Health and Human Services
on health information policy since 1949.

Using Sub-county Data to Promote Multi-sector Approaches for Community Health and Well-being: Identifying Gaps and Opportunities

September 27, 2016



Workshop Purpose

Help advance recommendations to HHS

- Enhance public/private collaboration to increase availability of sub-county data
- Improve HHS data collection to focus on sub-county data
- Better align federal small area data estimation and sub-county data generation initiatives
- Reinforce multi-sectoral approach to measuring community health and well being



Workshop Objectives

- Put forth a multi-sector measurement framework to serve as the basis for collaboration.
- Identify opportunities and gaps in sub-county data metrics and the potential Federal role in the development of small area data estimation.
- Explore opportunities to align, leverage, and build multi-sectoral metric-centric efforts to improve health and well-being.
- Catalyze collaborative efforts to continue this work.



How we got here

2011 Community as a Learning System

- Getting data, along with tools and capacity to use them, to communities could move the nation toward actualizing the benefits of the informatics revolution
- Consensus about local priorities emerges when quantitative data are combined with community members' insights and preferences.
- Leadership is needed to define a privacy and security framework to guide the innovative uses of local data emerging in communities across the country

2014 Roundtable on Health Data Needs for Community-Driven Change

- To inform local projects, data and information should correspond to authentic boundaries, have relevant granularity, and be actionable
- Communities vary considerably in the amount and types of assistance they need to bring about data-based improvements in local health.



Committee's Work 2015-2017

2015

- Identified draft Measurement Framework V1 from OASH as starting point
- Convened meeting for input – full range of stakeholders

2016

- Conducted environmental scan
- Drafted V2 of Measurement Framework to seek multi-sector input
- **Reconvening meeting – Identify strengths/gaps & catalyze collaborative efforts**

2017

- Submit recommendations to HHS Secretary
- Continue engagement & collaboration— see Roadmap



Who is in the room

- Federal participants:
 - HHS: CMS, AHRQ, HRSA, CDC (NCHS, NCDPPHP, OD, others), OASH (ACF, ASPE, OMH)
 - Other Federal representative: Dept. of Labor, Dept. of Commerce, Dept. of Agriculture, EPA, Dept. of Transportation, Dept. of Justice
- Health organizations:
 - AcademyHealth, AAFP, ABFM, ACPM, APHA, ASTHO, NACCHO, NAHDO
 - Health Policy Institute of Ohio, Institute for Healthcare Improvement, de Beaumont Foundation, Health Leads



Who is in the room

- Foundations and other non-profit organizations:
 - Build Healthy Places Network, Community Initiatives, Healthy Communities Institute, Healthy Housing Solutions, I-P3, RWJF, NeighborWorks America, Urban Institute, NAACP, Kaiser Permanente, Aetna Foundation, Camden Coalition of Healthcare Providers
- AND OTHERS

Working agreements

- Honor Time— Start/End on Time
- Share “Air Time”
- Test New Ideas—Take Risks
- Meet Your Needs
- Gentle on people/Rigorous on ideas
- Learn Through Dialogue

Learn Through Dialogue

Debate	Dialogue
Assuming there is one right answer, and you have it	Assuming many people have pieces of the answer and together can craft new solutions.
Combative: participants attempt to prove the other side is wrong	Collaborative: participants work together toward common understanding and commitment
About winning	About exploring common ground
Listening to find flaws and making counter-arguments	Listening to understand, find meaning and agreement
Defending assumptions as truth	Revealing assumptions for re-evaluation
Reinforcing, restating same points	Balancing Advocacy & Inquiry