



**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