Selecting Indicators for the Community Health Assessment

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PROJECT AND PHAB REQUIREMENTS: INDICATOR SELECTION

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Setting the Gold Standard for CHAs and CHIPs

• Your work will set the standard for others!

• Demonstration Project Key Features:

  •Engaging community members and LPHS partners in a meaningful way.

  •Addressing the social determinants of health.

  •Using QI and quality planning.

• Indicator selection lays the foundation for the entire CHA

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Project and PHAB Requirements: Indicators in the CHA

Community and Public Health System Partner Engagement

• **Community members must be engaged in a meaningful and substantive way** throughout the CHA and CHIP processes, **including indicator selection,** data collection, data analysis, data presentation and distribution, issue prioritization, CHIP creation, implementation of CHIP, and monitoring of results.

• **LPHS partners should be engaged in a strategic way** throughout the CHA and CHIP processes, including **gaining access to data**, mobilizing community members, data collection, data review, issue prioritization, and CHIP implementation.

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Project and PHAB Requirements: Indicators in the CHA

Indicators and Data on the Social Determinants of Health

The project seeks to ensure that the CHAs conducted…have a particular focus on the following:

- **Identifying populations within their jurisdictions with an inequitable share of poor health outcomes**.
- **Assessing the social determinants of health** in their jurisdiction and ensuring that they are **considered in indicator and data source selection,** data collection, and data analysis.
- **Include relevant data and other resources from the County Health Rankings project** will be used to help understand these (social determinants of health) conditions.

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Project and PHAB Requirements: Indicators in the CHA

Data and analyses that do the following:

- Describe the **characteristics of the overall population** (age distribution, race and ethnicity, socio economic status, etc.).
- Demonstrate the use of a **broad set of indicators of community health, well-being, and quality of life** and **multiple data sources**.
- Consider a **range of issues that affect health** directly and indirectly.
- Incorporate **data from a variety of sectors that influence health** such as housing, education, transportation, etc.
- Identify **community members' definition(s) of health** and relationship to cultural needs and values.
- Identify **desired health and health-related outcomes from the perspective of community** members.
- Use qualitative data as well as quantitative data. Include **qualitative data on community perceptions, assets, priorities, and the community health context**.
- Demonstrate the use of **indicators,** data collection methods, and data analysis techniques that allow for the **identification and examination of health inequities.**

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Project and PHAB Requirements: Indicators in the CHA

Data and analyses that do the following (continued):

• Choose **indicators that represent a broad range of items** that community members have indicated, or literature shows, may be inequitable.

• Use data and data collection methods that can be analyzed and reviewed for health inequities (i.e., **if a data source already exists for an indicator but the data cannot be analyzed for health inequities, consider using another data source or collecting new data on this indicator to fulfill this need**).

• Ensure that sample sizes are large enough, when appropriate, to allow for **data analysis to examine health inequities between and among sub-populations.**

• Show that both **community assets/strengths and resources** as well as needs/gaps were assessed.

• **Compare jurisdiction data** with that of neighboring jurisdictions, state, and/or the nation.

• Include **a review of trends and sub-population specific data** when possible (e.g., if sufficient data are available on health status, risk factors, etc. for different racial or ethnic groups, then the data presented should be stratified by race and ethnicity).

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Webinar Learning Objectives

1. **Define the terms "indicator" and "indicator system"**
2. **Describe the relationship between a community health improvement vision and identifying and selecting indicators**
3. **Define how an indicator framework provides a structure for determining a community's health status, including social determinants of health**
4. **Discuss the strengths and weaknesses of using experts and community members in identifying and selecting indicators**
5. **Describe at least two techniques for engaging the community in identifying and selecting indicators**
6. **Identify key criteria for selecting indicators**
7. **Describe at least two examples of indicators or indicator sets**
8. **Develop a data collection plan**

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Indicators and Indicator Systems

Indicators: Measures/data that describe community conditions (e.g., poverty rate, homelessness rate, number of food stamp recipients, life expectancy at birth, heart disease mortality rate) currently and over time. Helps to answer the question: How are we doing regarding the community conditions we care about?

Indicator Systems: Organizes multiple indicators around topics/issues (e.g., health, housing, public safety) or goals (e.g., all residents have access to health care, affordable housing needs of all residents are met, all residents are safe in their homes and within the community).

Comprehensive Indicator Systems: Focus on economic, social and environmental topics/issues or goals.

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SITE SHARING: ROUND ROBIN

Name an indicator your site is using or is considering using in the CHA.

Community Well-being Is More Than Health Care

"Many of the strongest predictors of health and well-being fall outside the health care setting. Social, economic, and environmental factors all influence health. People with a quality education, stable employment, safe homes and neighborhoods, and access to quality preventive services tend to be healthier throughout their lives and live longer."

Source: National Prevention Strategy: America's Plan for Better Health and Wellness, National Prevention, Health Promotion, and Public Health Council, June 16, 2011.

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Vision Statements Help Establish A Framework For An Indicator System

What is a vision statement?

• A description of a future state: want you, a group, an organization, or a community, is striving to achieve

• The statement about what you want your community to look like

• A guiding force for what you are doing

• An important first step, prior to conducting a community health asse

• Provides the framework for an indicator system

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Vision Statement – Alexandria Virginia

The City of Alexandria embraces the belief that health is more than merely the absence of disease. A healthy community provides all of its members with the opportunities and support for achieving and maintaining physical, mental and spiritual wellness.

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Framework for the Vision Statement – Alexandria, Virginia

•An Alexandria where **building a sense of community and helping one another—especially** in meeting basic needs such as food, clothing, shelter, and affordable housing—is a priority for each individual.

•An Alexandria that **celebrates racial, ethic and gender diversity and supports people of all ages, abilities and sexual orientations.**

•An Alexandria where all residents, regardless of their ability to pay, **can access quality health care that focuses on prevention, treatment, and wellness.**

•A walkable Alexandria where everyone has access to **transportation options, trails, parks, open space, and recreation** opportunities.

•An Alexandria where people are **safe in their homes and waking in their neighborhoods, unafraid** of crime, violence, and domestic abuse.

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Framework for the Vision Statement – Alexandria, Virginia

•An Alexandria where safeguarding **emotional and mental health is a priority** and there is adequate provision of mental health services.

•An Alexandria where its residents support and are engaged in efforts to p**revent the abuse of alcohol, tobacco, and other drugs and where treatment for substance abuse problems are readily available**.

•An Alexandria where all residents can **access to safe and healthy foods** and are able to practice healthy eating habits.

•An Alexandria where our **houses, streets, neighborhoods, and parks are clean** and well-kept, free of garbage environmental hazards, and pests so that everyone can fully enjoy our beautiful city.

•An Alexandria where **meaningful employment opportunities** are available for all.

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Framework of the Jacksonville, FL Quality of Life Indicators

(1) Goals
•Achieving Educational Excellence
•Growing a Vibrant Economy
•Preserving the Natural Environment
•Promoting Social Wellbeing and Harmony
•Enjoying Arts, Recreation, Culture
•Sustaining a Healthy Community
•Maintaining Responsive Government
•Moving Around Efficiently and Safely
•Keeping the Community Safe

(2) Vision Statement for each Goal

(3) Key Indicators

(4) Supporting Indicators

(5) Additional Indicators

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Jacksonville – An Example of One Goal and Indicator Set
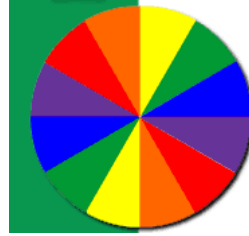
Promoting Social Wellbeing and Harmony
Social-service institutions in the region provide services with excellence to those in need
citizens and institutions support philanthropy and volunteerism to enhance the social
environment, and citizens share social interactions characterized by equality of opportunity
and racial harmony.

Key Indicators:
Is racism a local problem?
Births to single mothers
Birth to mothers without high school degree

Supporting Indicators:
Do you volunteer?
Foster children per 1,000 children
Homeless count per 1,000 people
Philanthropy given to federated campaigns

Jacksonville – An Example of One Goal and Indicator Set

Additional Indicators:

Have you personally experienced racism?
Volunteer more than 7 hours per week?
Births to teen mothers per 1,000 teens
Subsequent births to teen mothers
Children of divorcing parents
Foster care children reunited <12 months
Foster care children reunited <24 months

Alexandria – An Example of Theme and Indicator Set

Theme

An Alexandria where building a sense of community and helping one another—especially in meeting basic needs such as food, clothing, shelter, and affordable housing—is a priority for each individual.

Headline Indicators

•Percentage of residents who report that they feel there is a strong sense of community in Alexandria
•Percentage of residents who volunteered in the last 12 months
•Price to income ratio/percentage of income paid towards housing
•Number of homeless persons (in shelter and out of shelter)
•Number of housing units available for households earning below 50% of median income
•Median gross rent in Alexandria
•Number of Food Stamp recipients
•Percentage of Alexandria school children receiving free and reduced cost meals at school

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Alexandria – An Example of Theme and Indicator Set

Theme

An Alexandria where all residents, regardless of their ability to pay, can access quality health care that focuses on prevention, treatment, and wellness.

Headline Indicators

•Percentage of adults, ages 18-64, who currently report having any kind of health care coverage
•Number of Alexandria's children participating in the federal State Children's Health Insurance Plan
•Percentage of people indicating they needed to see a doctor in the past year and could not due to cost
•Percentage of women who received prenatal care in the first trimester of pregnancy
•The total annual number of newly diagnosed cases of HIV per 100,000 people in the population
•Percentage of adults who rated their health good to excellent
•Percentage of adults who received seasonal influenza vaccine in the past 12 months
•Percentage of adults overweight or obese in the population
•Life expectancy at birth
•Heart disease mortality rate
•Cancer mortality rate
•Infant mortality rate per 1,000 live births
•Teen pregnancy rate per 1,000 girls

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Healthy People 2020 – Leading Health Indicators

Access to Health Services
•Persons with medical insurance
•Persons with a usual primary care provider

Clinical Preventive Services
•Adults who receive colorectal cancer screens based on the most recent guidelines
•Adults with hypertension whose blood pressure is under control
•Adult diabetic population with an A1c value greater than 9 percent
•Children aged 19 to 35 months who received the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV vaccines

Environmental Quality
•Air Quality Index Exceeding 100
•Children aged 3 to 11 exposed to secondhand smoke

Injury and Violence
•Fatal Injuries
•Homicides

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Healthy People 2020 – Leading Health Indicators (continued)

Maternal, Infant and Child Health
•Infant deaths
•Preterm deaths

Mental Health
•Suicides
•Adolescents who experience major depressive episodes

Nutrition, Physical Activity, and Obesity
•Adults who meet current Federal physical activity guidelines for aerobic physical activity and muscle-strengthening activity
•Adults who are obese
•Children and adolescents who are considered obese
•Total vegetable intake for persons aged 2 years or older

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Healthy People 2020 – Leading Health Indicators (continued)

Oral Health
•Persons aged 2 or older who used the oral health care system in the past 12 months

Reproductive and Sexual Health
•Sexually active females aged 15 to 44 who received reproductive health services in the past 12 months
•Persons living with HIV who know their serostatus

Social Determinants
•Students who graduate with a regular diploma 4 years after starting 9th grade

Substance Abuse
•Adolescents using alcohol or any illicit drugs during the past 30 days
•Adults engaging in binge drinking during the last 30 days

Tobacco
•Adults who are current cigarette smokers
•Adolescents who smoked cigarettes in the past 30 days

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Developing Topics/Issues/Goals

Key question to answer: What topics, issues or goals are most important for measuring current community conditions and progress?

• Developing a vision statement

• Brainstorming

• Convening community meetings

• Focus Groups (experts, partners, key community stakeholders, community members, elected officials)

• Surveys

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Processes for Identifying and Selecting Indicators

Identifying Proposed Indicators
• Review other indicators project and identify and include relevant indicators
• Develop indicators based on experts' knowledge in selected topics, issues, or goals
• Form working groups by topics, issues, or goals

Selecting Indicators Among Proposed Indicators
• Subject matter experts
• Community forums
• On-line voting
• Written comments form various organizations and groups
• Small group meetings with key community stakeholders

Key question to be answered about indicators:
Do you want positive indicators, negative indicators, or a combination of both?

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Criteria for Selecting Indicators – Alexandria, VA

Meaningful, relevant, and actionable – The indicator is *meaningful* (it provides information valuable for community members to understand important aspects of their quality of life) and *useful* (it offers a sense of direction for additional research, planning and action toward positive community changes and a means for assessing progress).
Validity and accuracy – If the indicator trend line moves upward or downward, a diverse group of people in the community would agree on whether the quality of life or health of the community is improving or declining.
Stability, reliability, and timeliness – Data for the indicator can be collected, compiled, and calculated in the same way and in the same manner.
Outcome-oriented – Where possible, the indicator measures the actual condition of the community quality of life and health.
Representativeness – Taken together, the indicators measure the major elements of Alexandria's quality of life vision.

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Key Groups for Selecting Indicators and Obtaining Data

Community Members – Important for buy-in, acceptance, and use of the indicators and their related data, the community conditions identified and to help improve community conditions.

Partners – Same reason as for community members.

Indicators Team – You need a group of people to be the final decision-makers on which indicators to select.

Data Owners/Providers – Many organizations produce, collect and own data needed for the selected indicators. Their involvement at selected times are essential.

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Data Plans – Purpose and Key Questions For Each Indicator

Purpose of a data plan: Provides a systematic way to think about key data collection issues, challenges and barriers, partnerships to be created, and key dates

Key questions and issues for each indicator:

•What data are needed and for what time periods?
•What are the potential data sources?
•Are there potential multiple sources of the same data and if so, which one do you choose and why?
•What needed data are not collected, how should it be collected and by whom?
•What data should be provided by totals or frequencies?
•Should the data be aggregated or disaggregated?
•Are there any limitations to, or weaknesses of, the data and how is that addressed or described?

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Data Plans – Key Broad Questions

Key broad data questions:

• How is data quality defined by the various data providers?
• Are there variations of specific data by different sources?
• Are there any challenges or barriers to obtaining needed data and how can they be resolved?
• Are there any financial costs to obtaining needed data?
• When is the data needed for the indicators, who receives it, and in what format?
• Do any of the data providers want or need to see how their data are presented before being publicly released?
• Are data sharing agreements or data MOUs needed?

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Post-training "Charges"

(1) Look at other indicator projects to see what indicators they have that maybe applicable to your topics, issues, or goals. (Good source: Indicator projects at Community Indicators Consortium's website: www.communityindicators.net)

(2) Develop a plan or list of who in the community should be involved in selecting your indicators.

(3) Develop your own criteria for selecting indicators.

(4) Develop a data plan.

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Questions and Discussion

Time for Shared Learning

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