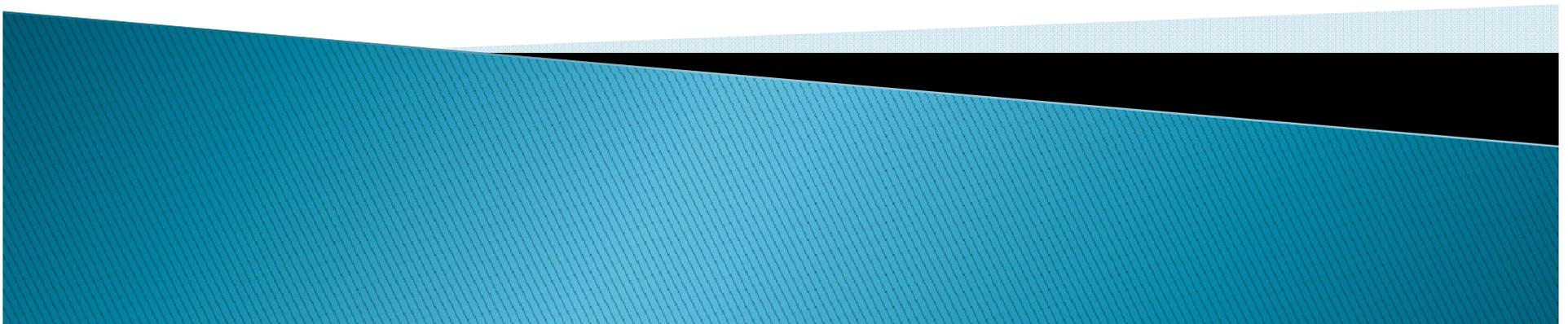


# NCVHS Roundtable on Supporting Community Data Engagement

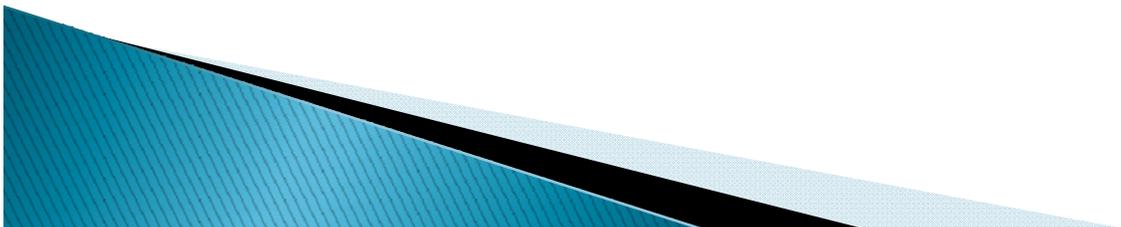
October 27–28, 2014  
HHS, Washington, DC



# Context

- ▶ Part of a multi-year NCVHS effort to understand how communities can become learning systems for health
- ▶ Includes online scans (feedback tools)
- ▶ Operating definition of *community*. An interdependent group of people who share a set of characteristics and are joined over time by a sense that what happens to one member affects many or all of the others.

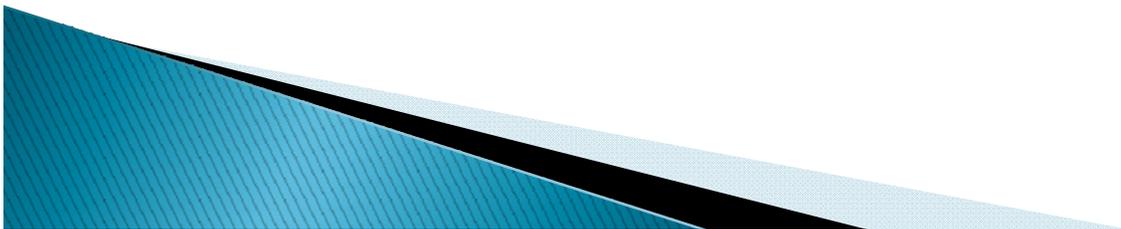
*(The Community as a Learning System, 2011, p. 7-9)*



# Roundtable Purpose

To bring together community leaders, health data connectors, and health data suppliers

- ▶ to identify major lessons, needs and gaps in local data access and use, and
- ▶ to explore how HHS can better support local data efforts.



# Preliminary feedback tool findings

- ▶ Sept–Oct 2014, 26 respondents, 27 questions
  - ▶ Most common framework used for CHNA: MAPP
  - ▶ Data gaps make it hard to evaluate PH impact, inventory community assets, understand community priorities, identify modifiable factors.
  - ▶ Respondants want more local data (current, large enough samples), web access to data, and early community input on what data need to be collected.
  - ▶ Respondants want the feds to allow greater access to data, help assess neighborhood–level validity/accuracy, and provide accessible formats for download and analysis.
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# Participants included

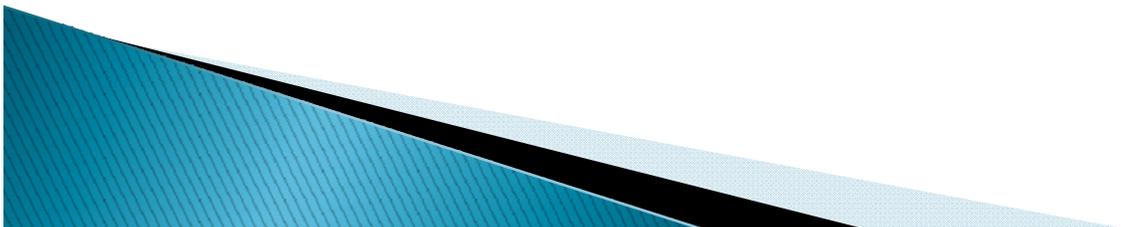
*Communities:* Sonoma County CA, Louisiana PH Institute, Douglas County NE, Seattle

*Connectors:* Community Commons, Healthy Communities Institute, County Health Rankings & Roadmaps, NAHDO, ASTHO, NQF, Kaiser Permanente, Catholic Health Assn., PHAB

*Data Suppliers:* NCHS, SAMHSA, CMS, AHRQ, Healthy People 2020, VHA, ASPE

*Philanthropy:* RWJF (Culture of Health Initiative)

*NCVHS (full Committee and/or Working Group):*  
12 members plus staff



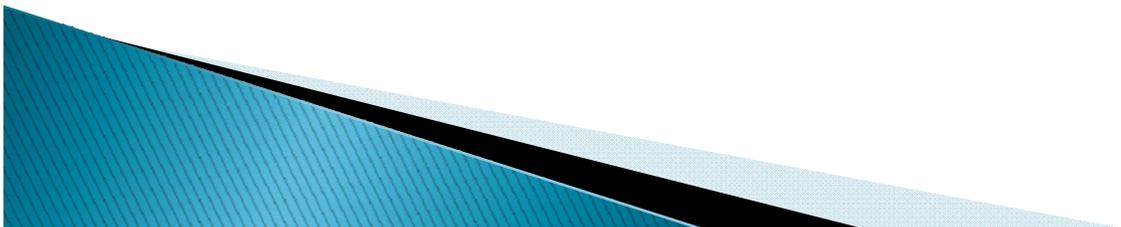
# Communities are...

- ▶ Operating through cross-sectoral coalitions
- ▶ Shifting the frame from health to wellbeing
- ▶ Operationalizing a social determinants perspective
- ▶ Working for equity
- ▶ Engaged in CHNAs and CHIPs to meet multiple requirements (IRS, PHAB, etc.)
- ▶ Shifting focus from programs to policies
- ▶ Using ROI to make the case and engage decision-makers



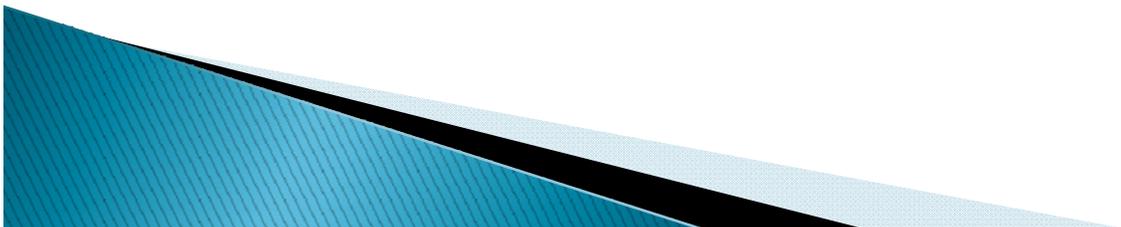
# Communities need...

- ▶ Meaningful, actionable data (not just *more* data)
- ▶ Help using data for decision-making and action (TA, 'data concierge')
- ▶ In particular, more data on cost and on mental health/substance abuse



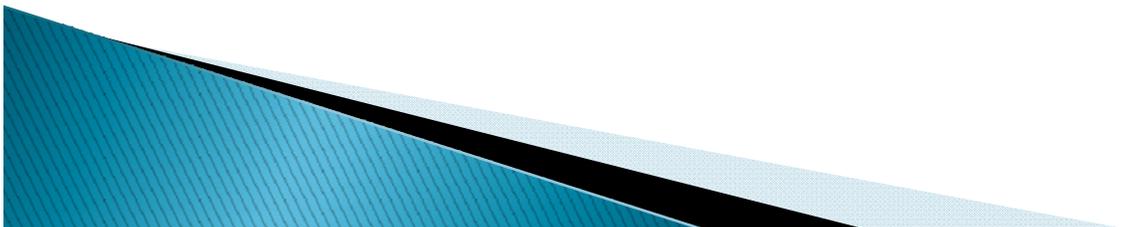
# Big points about data

- ▶ Presentation is key (e.g., *Portrait of Sonoma County*)
- ▶ Ongoing technical issues—small area/small population data, privacy/disclosure, data-sharing & linkage, timeliness, granularity, etc.
- ▶ Need to get non-traditional sources & big data on the radar



# Many advances to build on

- ▶ Local models—evidence-based + innovative
- ▶ Collective impact, cross-sector & cross-level collaboration
- ▶ Key role of intermediaries, connectors
- ▶ Federal initiatives (e.g., growing data sharing; regional “data concierges”; SDOH frame)
- ▶ .... and much more (watch for the summary)



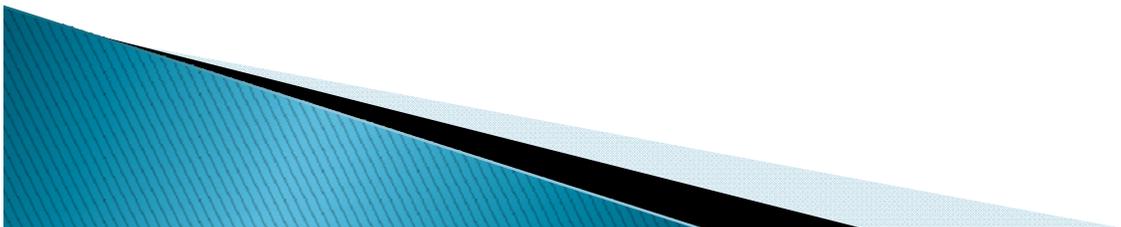
# Four priority areas emerged

- ▶ Promote community data literacy through listening, TA, strong data presentation
- ▶ Develop core sentinel indicators of local health/well-being, backed by a reservoir of data for decisions on agenda, interventions
- ▶ Align community data & support platforms—content, operations, funding
- ▶ Institutionalize community voices in gov't decisions affecting communities—all agencies and levels of government



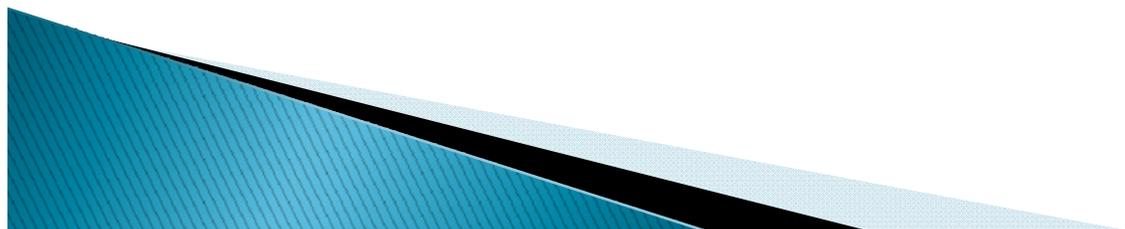
# Potential NCVHS actions

- ▶ Establish a community of practice
- ▶ Develop recommendations to the Secretary
- ▶ Convene a roundtable on community data literacy
- ▶ Continue development of NCVHS Framework
- ▶ Facilitate platform alignment



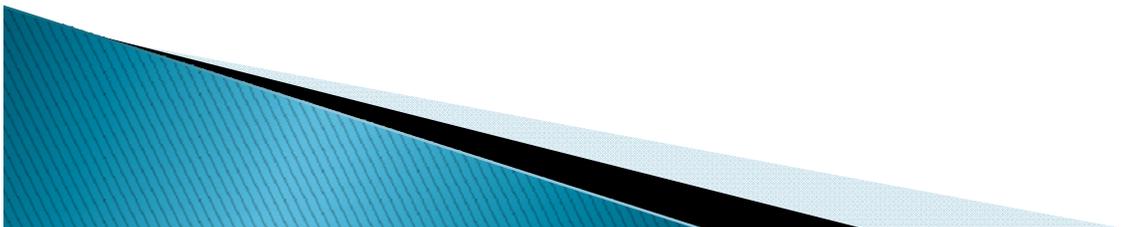
## Potential Letter to Secretary: General Themes

- ▶ NCVHS affirms the federal role in helping to meet communities' data and TA needs.
- ▶ Celebrate and support the positive initiatives and activities already under way at HHS
- ▶ Data liberation can have a downside, in suggesting that 'more is better.' Suggest a shift to stressing meaningful and actionable data?



# Potential Letter to the Secretary: Potential Recommendations

- ▶ Institutionalize and heed community voices in relevant data decisions
- ▶ Invest in data presentation (e.g., infographics in all publicly available data reports)
- ▶ Improve locally actionable data by helping with local estimates and/or data collection
- ▶ Use regional centers to provide TA through accessible “data concierges”
- ▶ Create feedback mechanisms between CHNA findings and federal data and spending priorities



# Potential Letter to the Secretary: Potential Recommendations

- ▶ Encourage standard data sets & frameworks across states so connectors can extract & compile relevant local data.
  - ▶ Develop a report for states on how to protect data as they are released to minimize the risk of re-identification
  - ▶ Expedite the provisional data release initiative
  - ▶ Develop avenues of technical support: small area estimation, small area data collection, stewardship, GIS, etc.
  - ▶ Establish longer-term grants
  - ▶ Work with local governments to create policies that help achieve local goals.
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