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