NCVHS Community Health & Wellbeing Measurement Framework

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Place and Time

Context
- Natural environment
  - Air quality
  - Water quality
  - Climate and weather
  - Topography and soil
  - Environmental contaminants
  - Animals and plants
- Cultural context
  - Norms and values
  - Religion
  - Racism and sexism
  - Discrimination
  - Competition/cooperation
- Political context
  - Public policies and laws
    - Social
    - Economic
    - Health
  - Environment
  - Political culture
  - Differential political enfranchisement or participation
- Health services
  - Structure
    - Numbers of personnel
    - Types of personnel
    - Organization
    - Facilities
  - Types of services
  - Accessibility
  - Processess
  - Professional behaviors
  - Utilization
  - Treatment modalities
  - Cost and financing
  - Access and use
  - Quality

Community attributes
- Built environment
  - Housing
  - Workplace
  - School
  - Transportation
  - Communication
  - Access
- Biological characteristics
  - Community age distribution
  - Community gender distribution
  - Genetic makeup
- Social attributes
  - Cohesion
  - Influence
  - Networks
  - Support
  - Social change

The population’s health

<table>
<thead>
<tr>
<th>Level</th>
<th>Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease</td>
<td></td>
</tr>
<tr>
<td>Functional status</td>
<td></td>
</tr>
<tr>
<td>Well-being</td>
<td></td>
</tr>
</tbody>
</table>

Population-based health programs
- Water Supply
- Waste Disposal
- Air Pollution Control
- Public Health Programs
- Children
- Adults

Collective lifestyles and health practices
- Diet
- Wellness behavior
- Physical activity
- Sexual practices
- Smoking
- Substance abuse
- Violent behavior
- Access to health information
Context

Factors that influence health

- Physical environment: 10%
- Social and economic environment: 40%
- Health behaviors: 30%
- Clinical care: 20%

Source: County Health Rankings and Roadmaps

Health spending

- 95% Clinical care
- 5% Prevention and public health

Source: McGinnis, 2002
GOALS for NCVHS Pop Health

• Clarify the type of measures needed to support local public health and elected officials in moving beyond traditional PH programs, partnering with other sectors to positively affect social, environmental, and economic determinants of health.

• Support HHS in improving health by:
  - Identifying measures of community health and well-being including determinants of health across sectors;
  - Moving toward parsimony in measurement at geographic levels from sub-county to the nation;
  - Facilitating multi-sector partnerships at all geographic levels, especially the sub-county level; and
  - Laying out a “Roadmap” for HHS to consider.
To achieve these goals, NCVHS is developing recommendations to HHS by:

- Developing a “Measurement Framework for Community Health and Well-being,” to guide communities in multi-sectoral-driven improvement:
  - Identify domains and subdomains that are good markers of community health and well-being into which metrics can be organized.
  - Identify data that are accessible, collectible or estimate-able at the sub-county level.

- Identifying tools and methods to support local decision-making and resource allocation:
  - Ascertain gaps in data accessibility at the sub-county level.
  - Identify possible approaches for Federal efforts to fill those gaps.
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 & V3 of Measurement Framework to seek multi-sector input
- Reconvening meeting – Identify strengths/gaps & catalyze collaborative efforts

2017
- Hand off Measurement Framework to NGO for refinement and implementation
- Submit recommendations to HHS Secretary
Committee’s Work

- Propose a Measurement Framework for community health and well-being

- A set of 8-12 data domains that advances multi-sectoral collaboration to improve population and community health and well-being
<table>
<thead>
<tr>
<th>Life expectancy</th>
<th>Preventable hospitalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well-being</td>
<td>Education</td>
</tr>
<tr>
<td>Obesity and relevant behaviors</td>
<td>Poverty</td>
</tr>
<tr>
<td>Tobacco</td>
<td>Housing</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Safety</td>
</tr>
<tr>
<td>Access to care</td>
<td>Air quality</td>
</tr>
</tbody>
</table>
Purpose:

- Identify a balanced and parsimonious set of domains through which multi-sectoral community partnerships can assess, measure and improve local health and well-being.
  - Obtain input on V1 draft measurement framework.
  - Ascertain whether more work was needed

Conclusion:

- YES – more work needed.
  - Next step ⇒ conduct environmental scan
Spring 2016: Environmental Scan


- Overview and synthesis of measurement frameworks, domains, and indicators that were identified for inclusion

- Comparative analyses of identified domains presented in table format

- Examples of data sources for sub-county-level measurement of community health and well-being identified during the scan

- A timeline of selected health measurement frameworks and systems.
Current Measurement Framework for Community Health and Well-being

Organization:
• Domains/Sub-Domains/(Indicators)

Reflecting both:
• Population health
• Community well-being

Developed with 3 essential perspectives:
• Determinants of health
• Life course
• Equity
## Measurement Framework

### Domains

<table>
<thead>
<tr>
<th>Domains</th>
<th>Subdomains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Vitality</td>
<td>Social capital</td>
</tr>
<tr>
<td></td>
<td>Governance</td>
</tr>
<tr>
<td></td>
<td>Civic engagement</td>
</tr>
<tr>
<td></td>
<td>Social inclusion</td>
</tr>
<tr>
<td>Demographics</td>
<td>Total population</td>
</tr>
<tr>
<td></td>
<td>Standard set (age, sex, race/ethnicity, primary language, disability)</td>
</tr>
<tr>
<td></td>
<td>Other demographics</td>
</tr>
<tr>
<td>Economy</td>
<td>Income and Wealth</td>
</tr>
<tr>
<td></td>
<td>Employment</td>
</tr>
<tr>
<td>Education</td>
<td>Infrastructure &amp; capacity</td>
</tr>
<tr>
<td></td>
<td>Participation &amp; achievement</td>
</tr>
<tr>
<td>Food and Agriculture</td>
<td>Food availability</td>
</tr>
<tr>
<td></td>
<td>Nutrition</td>
</tr>
</tbody>
</table>
# Measurement Framework

## Domains vs. Subdomains

<table>
<thead>
<tr>
<th>Domains</th>
<th>Subdomains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Health care infrastructure</td>
</tr>
<tr>
<td></td>
<td>Health behaviors</td>
</tr>
<tr>
<td></td>
<td>Health conditions &amp; diseases</td>
</tr>
<tr>
<td></td>
<td>Health outcomes</td>
</tr>
<tr>
<td>Housing</td>
<td>Infrastructure &amp; capacity</td>
</tr>
<tr>
<td></td>
<td>Quality</td>
</tr>
<tr>
<td></td>
<td>Use &amp; affordability</td>
</tr>
<tr>
<td>Public Safety</td>
<td>Infrastructure</td>
</tr>
<tr>
<td></td>
<td>Perceptions of public safety</td>
</tr>
<tr>
<td></td>
<td>Crime</td>
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<tr>
<td></td>
<td>Injuries</td>
</tr>
<tr>
<td>Transportation</td>
<td>Infrastructure</td>
</tr>
<tr>
<td></td>
<td>Use</td>
</tr>
<tr>
<td></td>
<td>Quality</td>
</tr>
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Response at NCVHS workshop, Sept. 2016

- Framework of Domains & Subdomains are directionally correct.
- Periodic review and update suggested, such as is done for County Health Rankings
- Allow for 2 complimentary objectives
  - A parsimonious multi-sectoral core set of indicators:
    - guide federal & state policy & resource allocation
    - allow communities to compare themselves against peers & identify best practices
  - A flexible set of multi-sectoral indicators to strengthen health and well-being efforts at the local level
Next steps

- Development of a private sector convening body to evolve the Framework
- Already occurring under the leadership of Soma Stout, of the 100 Million Healthier Lives Initiative
- Create a set of recommendations to the HHS Secretary on efforts to be undertaken on the federal level to make community data available and actionable