

DATE

DRAFT

The Honorable Thomas E. Price, M.D.
Secretary of Health and Human Services
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

**Re: Recommendations on Measuring Health at the Community Level –
Opportunities for HHS Leadership**

Dear Secretary Price:

This letter transmits the findings of the National Committee on Vital and Health Statistics regarding the measurement of health at the community level and makes recommendations on ways that federal leadership could assist communities in more effective use of their resources through improved access to data and measurement expertise. NCVHS is your advisory committee on health data, statistics, privacy, and national health information policy.

Community leaders and state and local officials find small area data comparison to be essential in identifying the priorities for resource use to improve the health of residents. They know that social, behavioral, economic, educational, and other factors play key roles in determining both individual life course and population health status. Reduced medical costs, shortened hospital stays, and quicker recoveries all may be possible outcomes if local data were more available to develop prevention and early intervention strategies. However, NCVHS has learned that decisions and actions on key priorities in all these sectors are hampered by serious gaps and inconsistencies in availability of local data as well as deficits in specific expertise to obtain and use such

data. We believe that HHS leadership could make a significant impact in addressing these challenges.

NCVHS used its convening capacity over a period of several years to develop a consensus Measurement Framework to efficiently organize community-level¹ health and well-being indicators. The purpose of this Measurement Framework is to define a parsimonious approach to organize health data in light of the recent proliferation of indicators. The Measurement Framework has 10 domains (e.g., economy, food and agriculture, health, and housing) and 30 sub-domains (e.g., income/wealth and employment in economy and food availability and nutrition in food and agriculture)². The Framework brings a dual purpose of enabling both national-scale coordination and local innovation.

¹ NCVHS has used a broad and flexible definition of community as 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. While communities come in many forms, NCVHS has generally focused on geographic communities, whose members are connected through the place where they live and around which data gathering (e.g., by county) has been traditionally organized. It is important to note that geographic communities such as cities and counties are composed of many sub-communities with varied levels of inclusion and opportunity and sometimes widely divergent health outcomes. Thus, in talking about measurement at the community level, NCVHS means the smallest possible geographic unit that permits meaningful and effective planning and project development. Depending on local characteristics and other factors, the meaningful unit may be the neighborhood, a small town, a group of contiguous communities – in the case of rural areas a group of contiguous counties.

² Available online at <http://www.ncvhs.hhs.gov/ncvhs-measurement-framework-for-community-health-and-well-being-v4/>

State and local leaders who engaged with the Committee in this work have affirmed that the Framework provides a straightforward, easily-understood structure for organizing and collecting data that highlight and identify problems and indicate directions for resources and interventions.

Given the consensus achieved on the Framework approach and structure, the next step is to put it into action. State and local leaders have clearly articulated the need for improved access to data and analytic tools to more effectively target resources. The current challenges looking forward are to: 1) identify sources of data to measure the domains set forth by the framework; 2) support a platform to make data available once sources are identified; and 3) continue to refine the framework as it is put into use within community settings.

Through its work, NCVHS has identified a number of efforts currently being pursued at the federal level to close the gap in accessibility of data at the community level. These efforts have demonstrated expertise in providing improved access to a robust menu of measures, data, and tools to support action to improve population health outcomes and community well-being.

We outline three actionable steps in the recommendations that follow.

SPECIFIC RECOMMENDATIONS

I. Establish an HHS Intra-Departmental work group on community data

The proposed HHS work group would provide leadership and coordination across the Department, identifying and bringing together expertise from programs already focused on providing data to communities, both to amplify the results of each of these efforts – as

well as support new efforts. Some operating divisions within HHS are actively working towards supporting community-level measurement – the 500 Cities project within CDC is a prime example. An intra-HHS group would provide much-needed emphasis on identifying HHS data resources to increase access to data to improve community health and well-being including the social and behavioral determinants of health.

II. Provide leadership to form a Cross-Departmental work group

Communities need help finding and using relevant federal data. It is sometimes difficult to navigate through the federal system to find information due to siloed federal efforts, especially multi-faceted data needed by communities. A Cross-Departmental work group would identify a coordinated approach for making technical assistance available to communities to collect and use data at the sub-county level, e.g., analytic tools, small area estimation methodology, and standard data collection instruments. Equally important, the work group would collaborate across program areas to provide, or identify an existing, appropriate platform for communities to access federal community-level data from all Departments in one place. Through its reviews and analyses, NCVHS has learned several other Departments, including DOT and HUD, have independently created well-being matrixes and/or data projects to make health and well-being measures available. Other Departments, such as Commerce and Labor, have created a host of small area data that are useful in measuring community health and well-being. A Cross-Departmental work group would promote coordination and a more efficient and effective use of federal data resources to support community-level initiatives to measure and track important measures of health to improve evidence-based policymaking.

III. Connect the Cross-Departmental Workgroup, which includes representation from the HHS workgroup, with non-federal community data efforts

There are numerous local and national efforts currently underway by nongovernmental organizations to provide expertise, coordination, and data to communities for their use. Groups such as the Urban Institute, Robert Wood Johnson Foundation, University of Missouri, and the Community Indicators Consortium are examples of organizations working in this field. However, their efforts in improving access and use of community data would be significantly strengthened through a direct connection to the Cross-Departmental Workgroup coordinating effort within the Federal government. A combined federal/non-federal work group devoted to identifying and providing community data would be a major advancement in liberating the vast amount of public data currently collected and available to all.

Finally, since publishing the NCVHS Measurement Framework for Community Health and Well-being, a non-governmental organization has volunteered to steward its further development and dissemination. This non-governmental organization group has the ability to reach a broad array of audiences, including individual communities, foundations, and academic organizations, to create learning systems for health, while HHS and other agencies are uniquely positioned to make essential data resources available to, and more importantly accessible by, communities. By working together in a coordinated manner with the Measurement Framework as a unifying methodology, an active public/private effort would bring together and harness the power of data in a way that neither can do independently.

Conclusion

Data are the critical foundation for policy development at the Federal, state, and local level. The Measurement Framework is critical to several other HHS priorities such as requirements under the Improving Medicare Post-Acute Care Transformation (IMPACT) Act, Public Health 3.0, and quality measurement adjustments recommended by the National Quality Forum. Government-wide efforts are being considered by the bipartisan Commission on Evidence-Based Policymaking (CEP), established “to develop a strategy for increasing the availability and use of data in order to build evidence about government programs.” HHS data resources, expertise and experience in data collection, use, and stewardship create an enormous opportunity for strengthening the Department’s role in maintaining and improving the nation’s health. Thank you for consideration of the recommendations outlined in this letter. NCVHS remains available to answer any questions and will continue to support HHS efforts to create opportunities for communities to improve their health and well-being.

Sincerely,

William W. Stead, M.D., Chair

National Committee on Vital and Health Statistics

CC: HHS Data Council Co-Chairs