



# NCVHS

National Committee on Vital and Health Statistics

May 2, 2017

Honorable Thomas E. Price, M.D.  
Secretary  
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 (NCVHS) 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 could 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-level<sup>1</sup> health and well-being

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<sup>1</sup> 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.

indicators (see attachment). 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.) The Framework fulfills a dual purpose of enabling both national-scale coordination and local innovation.

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 highlights and identifies problems and indicates directions for resources and interventions.<sup>2</sup>

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. Looking forward, the current challenges 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.**

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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.

<sup>2</sup> See NCVHS report “Measuring Health at the Community Level: Data Gaps and Opportunities. A Workshop Summary and Project Overview,” available online at <https://www.ncvhs.hhs.gov/measuring-health-at-the-community-level-data-gaps-and-opportunities/>

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 – for example, 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 that 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.**

Numerous local and national efforts are 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 the committee published 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 levels. The Measurement Framework provides a way to align otherwise-independent measurement efforts for greater impact. Coordination within HHS, across Departments, and between public and private sectors is essential to achieve this potential. Several other HHS priorities provide

immediate opportunities for coordination, 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,

/s/

William W. Stead, M.D., Chairman

National Committee on Vital and Health Statistics

Cc: HHS Data Council Co-Chairs

Enclosure



## ***NCVHS Measurement Framework for Community Health and Well-Being, VA*** (December 14, 2016)

The mission of the Department of Health and Human Services (HHS) is to enhance the health and well-being of Americans. In recent years, the National Committee on Vital and Health Statistics (NCVHS) has studied the community health improvement movement and identified a need for a more strategic Federal role to support communities. The Committee's work will culminate in recommendations to HHS regarding potential approaches for improving availability of and access to sub-county data and for increasing the capacity of communities to use data as a key driver for health improvement efforts.

The purpose of this *Measurement Framework* is to:

- Strengthen multi-sectoral health and well-being improvement efforts at the local level.
- Help HHS, other Federal agencies and private-sector partners identify and close gaps in the accessibility of data at a sub-county level.
- Offer communities a blueprint of the key issue areas—domains and subdomains—to stimulate and inform dialogue across sectors on barriers, opportunities, and approaches for improvement.
- Promote public-private collaboration that builds on the successes of numerous metrics efforts already in development and/or in use.

This *Measurement Framework* is designed to:

- Offer communities a flexible tool designed to promote multi-sectoral engagement with the ability to choose indicators that are locally relevant and accessible.
- Focus on (upstream and downstream) determinants of health through the lenses of both equity and life-course perspectives.

Provide each sector the opportunity to see how they are achieving outcomes critical to their performance *and* achieving collective impact on the health of their population and well-being of their community.

- Complement existing framework efforts by seeking opportunities to inform and be informed by other efforts with similar aims, and avoiding defining a single set of metrics/ to be used by all communities.

The intent for this framework is to accommodate two complementary objectives:

1. A parsimonious multi-sectoral core set of indicators that will:
  - Guide Federal and state policy and resource allocation, and
  - Allow communities to benchmark themselves against peers and identify best practices.
2. A flexible set of multi-sectoral indicators to strengthen health and well-being efforts at the local level, from which communities can choose to use.

## Measurement Framework for Community Health and Well-Being, V4: Domains and Subdomains

This framework provides a parsimonious structure for thinking about how to measure community health and well-being across determinants from life course and equity perspectives. The framework includes the domains and subdomains. It does not include specific indicators or metrics. The same indicator may be included in multiple domains depending on a community's perspective.

Domain	Subdomain
Community Vitality	
	Social capital
	Governance
	Civic engagement
	Social inclusiveness
Demographics	
	Total population
	Demographics per HHS Data Standards (age, sex, race/ethnicity, primary language, disability)
	Other demographics
Economy	
	Income and wealth
	Employment
Education	
	Infrastructure & capacity
	Participation & achievement
Environment	
	Natural environment
	Built environment
	Neighborhood characteristics

Domain	Subdomain
Food and Agriculture	
	Food availability
	Nutrition
Health	
	Health care infrastructure
	Health behaviors
	Health conditions & diseases
	Health outcomes
Housing	
	Infrastructure & capacity
	Quality
	Use/affordability
Public Safety	
	Infrastructure
	Perceptions of public safety
	Crime
	Injuries
Transportation	
	Infrastructure & capacity
	Quality
	Use & affordability

## Framework Appendix 1.

### Definitions of Terms Used

**Community Health:** The presence of conditions within a community that support the comfort, health, and happiness of its residents.

**Sub-county:** The smallest possible geographic unit that permits meaningful and effective planning and project development at that unique level. Depending on local characteristics and other factors, the meaningful unit may be the neighborhood, or a small town, or a group of contiguous communities or even counties.

**Small area estimation:** The use of statistical techniques to provide an estimate for a small sub-population (the “small area”) where few or no persons have been directly surveyed. Estimation is accomplished by employing data collected outside of the small area, data collected on the same outcome, and related administrative data. All relevant data are then processed using a statistical model that, in turn, is used to make each small area estimate.

**Domains:** Broad categories or “spheres” of activities, conditions, and information that constitute or characterize human societies (e.g., nations, populations, and communities).

**Sub-domains:** More focused sub-categories within domains that include issues of concern for community health and well-being.

**Indicators:** Specific, narrowly defined activities and conditions whose state or level are measurable.

**Metrics:** Quantitative measures of specific, clearly defined activities, and conditions. The specification of a metric should include a quantitative definition, units for expressing the metric (e.g., number, percent, rate per 100,000 persons), population or other entity measured, and method of measurement or source of data.

## Measurement Framework.

### Side-by-Side Comparison of Progression of Framework Development

Framework v1 November 2015	Framework v2 June 2016	Framework v3 September 2016	Framework v4 November 2016
<p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>Life expectancy</li> <li>Well-being</li> </ul> <p><b>Health Behaviors</b></p> <ul style="list-style-type: none"> <li>Obesity and relevant behaviors</li> <li>Tobacco</li> <li>Substance abuse (alcohol/drug)</li> </ul> <p><b>Clinical Care</b></p> <ul style="list-style-type: none"> <li>Access to care</li> <li>Quality of care</li> </ul> <p><b>Physical Environment</b></p> <ul style="list-style-type: none"> <li>Air quality</li> </ul> <p><b>Social and Economic</b></p> <ul style="list-style-type: none"> <li>Education</li> <li>Poverty</li> <li>Housing</li> <li>Safety</li> </ul>	<p><b>Health</b></p> <ul style="list-style-type: none"> <li>Health outcomes</li> <li>Health conditions &amp; diseases</li> <li>Health behaviors</li> <li>Health care &amp; infrastructure</li> </ul> <p><b>Environment</b></p> <ul style="list-style-type: none"> <li>Natural environment</li> <li>Neighborhood characteristics</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>Educational participation &amp; attainment</li> <li>Educational infrastructure &amp; capacity</li> </ul> <p><b>Economy</b></p> <ul style="list-style-type: none"> <li>Income and wealth</li> <li>Employment</li> </ul> <p><b>Public Safety</b></p> <ul style="list-style-type: none"> <li>Crime</li> <li>Infrastructure</li> <li>Perceptions of public safety</li> <li>Injuries</li> </ul> <p><b>Social Cohesion and Civic Vitality</b></p> <ul style="list-style-type: none"> <li>Social cohesion</li> <li>Civic engagement</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>Infrastructure/capacity</li> <li>Availability/affordability</li> <li>Quality</li> </ul> <p><b>Transportation</b></p> <ul style="list-style-type: none"> <li>Infrastructure</li> <li>Use</li> <li>Quality</li> </ul> <p><b>Demographics</b></p> <ul style="list-style-type: none"> <li>Age</li> <li>Sex</li> <li>Race/ethnicity</li> <li>Primary language</li> <li>Disability</li> </ul>	<p><b>Health</b></p> <ul style="list-style-type: none"> <li>Health care &amp; infrastructure</li> <li>Health behaviors</li> <li>Health conditions &amp; diseases</li> <li>Health outcomes</li> </ul> <p><b>Environment</b></p> <ul style="list-style-type: none"> <li>Natural environment</li> <li>Neighborhood characteristics</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>Infrastructure &amp; capacity</li> <li>Participation &amp; achievement</li> </ul> <p><b>Economy</b></p> <ul style="list-style-type: none"> <li>Income and wealth</li> <li>Employment</li> </ul> <p><b>Food and Agriculture</b></p> <ul style="list-style-type: none"> <li>Food availability</li> <li>Nutrition</li> </ul> <p><b>Public Safety</b></p> <ul style="list-style-type: none"> <li>Infrastructure</li> <li>Perceptions of public safety</li> <li>Crime</li> <li>Injuries</li> </ul> <p><b>Community Vitality</b></p> <ul style="list-style-type: none"> <li>Social capital</li> <li>Governance</li> <li>Civic engagement</li> <li>Social inclusiveness</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>Infrastructure &amp; capacity</li> <li>Quality</li> <li>Use/affordability</li> </ul> <p><b>Transportation</b></p> <ul style="list-style-type: none"> <li>Infrastructure &amp; capacity</li> <li>Quality</li> <li>Use</li> </ul> <p><b>Demographics</b></p> <ul style="list-style-type: none"> <li>Total population</li> <li>ACA demographics</li> <li>Other demographics</li> </ul>	<p><b>Community Vitality</b></p> <ul style="list-style-type: none"> <li>Social capital</li> <li>Governance</li> <li>Civic engagement</li> <li>Social inclusiveness</li> </ul> <p><b>Demographics</b></p> <ul style="list-style-type: none"> <li>Total population</li> <li>Recommended demographics</li> <li>Other demographics</li> </ul> <p><b>Economy</b></p> <ul style="list-style-type: none"> <li>Income and wealth</li> <li>Employment</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>Infrastructure &amp; capacity</li> <li>Participation &amp; achievement</li> </ul> <p><b>Environment</b></p> <ul style="list-style-type: none"> <li>Natural environment</li> <li>Built environment</li> <li>Neighborhood characteristics</li> </ul> <p><b>Food and Agriculture</b></p> <ul style="list-style-type: none"> <li>Food availability</li> <li>Nutrition</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>Health care infrastructure</li> <li>Health behaviors</li> <li>Health conditions &amp; diseases</li> <li>Health outcomes</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>Infrastructure &amp; capacity</li> <li>Quality</li> <li>Use/affordability</li> </ul> <p><b>Public Safety</b></p> <ul style="list-style-type: none"> <li>Infrastructure</li> <li>Perceptions of public safety</li> <li>Crime</li> <li>Injuries</li> </ul> <p><b>Transportation</b></p> <ul style="list-style-type: none"> <li>Infrastructure &amp; capacity</li> <li>Quality</li> <li>Use &amp; affordability</li> </ul>