

Agenda

1

- Welcome
- Consider sample end products; gather feedback regarding format, scope and structure
- Review the corresponding quantitative data process, and how the two will interact
- Document feedback on methodology for aggregating existing state and local assessments
- Brainstorm and document design concepts for a statewide asset scan
- Next meeting



End product options

Beginning with the end in mind

Goals

3

- Explore structure and formatting options for the Colorado Statewide Community Health Assessment
- Present examples and ideas from other states and municipalities, considering:
 - Their strengths and weaknesses
 - What is feasible to accomplish given our timeframe and resources
- Begin thinking about other key considerations: audience, voice, framing, scope, focus areas, etc.
- However no decisions yet: the final product will be informed by our findings



General Structure & Content Options

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Structure

□ Report

A single large report or a collection of shorter reports (by topic area or type of findings). These two options are not mutually exclusive.

□ Interactive website

Data dashboard, a collection of customizable data queries or a collection of links to PDF files

Content

- Including all parts of the process and all types of findings in one place versus separating out various components



Key Considerations

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- **Audience:** Is this directed at the general public, those working in public/environmental health or both?
- **Voice:** Depends upon the audience chosen.
- **Framing:** Should we base the report on an existing health or health improvement framework (Health Equity Framework, 10 Winnable Battles, Healthy People 2020, etc.)?
- **Content and scope:** Do we want to include everything in one place? How much detail do we want to include? This also depends upon the audience chosen.
- **Length:** What is most meaningful to include to avoid an unapproachable final product? Do we also want to produce one or more overview documents?
- **Qualitative data:** What is the best way to incorporate qualitative findings? (after relevant quantitative data, as a separate document, call-out/story boxes, etc.)
- **Multiple formats:** Is there value in providing the assessment in more than one format or in making separate overview documents or data briefs?
- **Technical resources and timeframe:** What can reasonably be accomplished now and every 5 years?
- **Public input:** How and from whom should we obtain public input?

Will revisit these again after seeing some examples.



State Example #1: Minnesota

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Part 1: www.health.state.mn.us/healthymnpartnership/sha/docs/1204healthofminnesota.pdf

Part 2: www.health.state.mn.us/healthymnpartnership/sha/docs/1205healthofminnesotasupp.pdf

- ❑ **Structure:** 2-part report in navigable PDFs →
- ❑ **General content:** Quantitative findings and a general capacity assessment - doesn't include process, qualitative findings; PHIP is a separate document
- ❑ **Audience:** general public
- ❑ **Framing:** Tied to Dahlgren and Whitehead's Conditions and Factors for Health¹, Healthy People 2020 Overarching Goals² and Harvard University's Biodevelopmental Framework for How Early Experiences get into the Body³
 - ❑ Explicitly draws links between different determinants of health
- ❑ **Length:** 103 pages total
- ❑ **Opportunity for public input:** Yes
- ❑ **Other:**
 - ❑ Contains relevant and interesting data-points and analyses
 - ❑ Has visually-appealing charts, tables and graphics

Part One of this statewide health assessment reflects this broad way of thinking about health, and is organized around three major themes that reflect *conditions* and *factors* that assure health:

- **Minnesota: People and Place:** Who we are and our natural environment; the people of the state; and the air, water and land that surround them
- **The Opportunity for Health in Minnesota:** The social, economic, and community factors that have a potent influence on our health
- **Healthy Living in Minnesota:** The ways in which individuals and communities act to protect and improve health

Part Two of this assessment focuses on *outcomes* of health, including the diseases, conditions, and injuries that health-related strategies, programs, and services hope to prevent.

1. Dahlgren, G., & Whitehead M. (1991). Policies and strategies to promote social equity in health. Stockholm, Sweden: Institute of Futures Studies.

2. U.S. Department of Health and Human Services. (Updated 2011). HealthyPeople.gov: About Healthy People. Retrieved January 1 2012 from <http://www.healthypeople.gov/2020/about/default.aspx>

3. Harvard University, Center on the Developing Child. (2010). How early experiences get into the body: A biodevelopmental framework. Retrieved April 2 2012 from http://developingchild.harvard.edu/index.php/resources/multimedia/interactive_features/biodevelopmental-framework



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State Example #2: Michigan

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Main report: www.michigan.gov/documents/mdch/MDCH_SHIP_FINAL_8-16-12_400674_7.pdf

In-depth quantitative: www.oakgov.com/health/Documents/Data/mi_healthprofile_chartbook.pdf

In-depth qualitative: www.malph.org/sites/default/files/State_Report_Final_Rev3.pdf

- ❑ **Structure:** 1 main report with 2 complementary in-depth documents, one each for quantitative and qualitative findings
- ❑ **General content:** Main report focuses on the PHIP but also includes overviews of: quantitative findings (4 pages), the assessment process and qualitative findings (5 pages) and the capacity assessment
- ❑ **Framing:** not tied to a specific framework but ties into the 10 Essential Public Health Services
- ❑ **Length:** 20 pages (quantitative report: 57; qualitative report: 27)
- ❑ **Incorporation of qualitative data:** 5 page overview and stand-alone document
- ❑ **Opportunity for public input:** Yes
- ❑ **Other:**
 - ❑ Content-rich yet concise, keeping it approachable
 - ❑ Good use of diagrams, charts and figures
 - ❑ Good use of call-out boxes



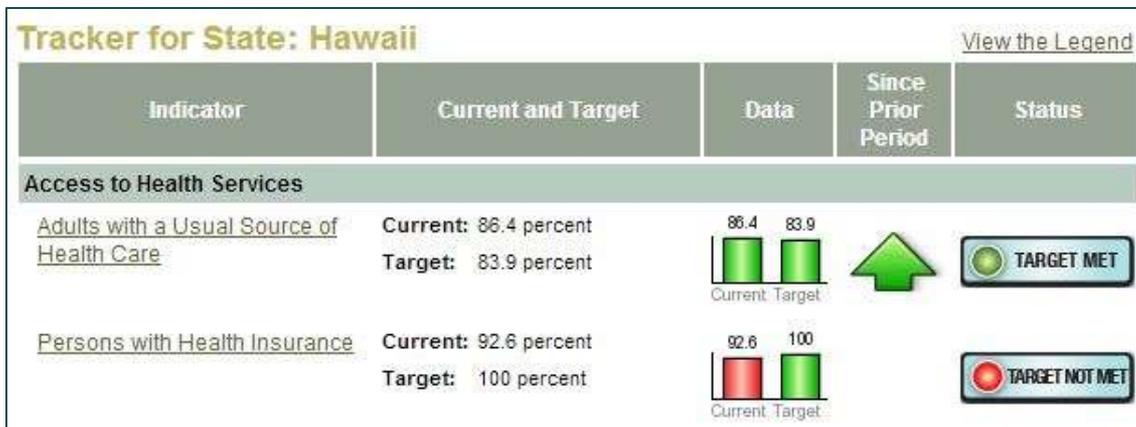
State Example #3: Hawaii

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www.hawaiihealthmatters.org/index.php?module=Trackers&func=display&tid=1003

www.hhdw.org/

- **Structure:** Interactive website with high-level overview of indicator (current status, trending and comparison to HP2020 goal) with a link to a more in-depth report
- **General content:** quantitative findings only
- **Framing:** explicitly linked to Healthy People 2020



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State Example #4: New Jersey

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<http://www4.state.nj.us/dhss-shad/home>

- **Structure:** Interactive website with indicators organized by topic and alphabetically
- **General content:** Quantitative data only; each indicator page includes:
 - Why it's important
 - A chart with main data for that indicator (varies by indicator)
 - Other chart views (subgroup stratifications; varies by indicator)
 - Technical information about the indicator
- **Framing:** Topical organization only; lacks tie-in to an improvement framework and high-level synthesis of findings



The screenshot displays a website interface with four main sections:

- Health Status INDICATORS** (represented by a red icon of a document with a bar chart):
 - Brief Reports/Fact Sheets
 - Graphs and Data Tables
 - Data Interpretation Included
 - Intended for General Public
- Custom Dataset QUERIES** (represented by a blue icon of a spreadsheet):
 - Public Use Data Access
 - User-Defined Queries
 - Custom Tables and Graphs
 - Intended for Researchers
- More Info & HELP** (represented by a green icon of a question mark):
 - ["How To" Guides](#)
 - [Public Health Glossary](#)
 - [Statistical Concepts](#)
 - [Dataset Documentation](#)
- Background & HOME** (represented by a brown icon of a house):
 - [Site Contents & Usage](#)
 - [Acknowledgments](#)
 - [Suggested Citation](#)
 - [Contact Us](#)



Another Interactive Example: Community Commons

www.chna.org

Indicators organized by domain

CHNA Report

Download Report

SOCIAL & ECONOMIC FACTORS

Select Report Area Select Data

Report Area: Boulder County, Colorado

Demographics Social & Economic Factors Physical Environment Health Behaviors Clinical Care

High School Graduation Rate

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

High School Graduation Rate

This indicator reports the average freshman graduate rate, which measures the percentage of students receiving their high school diploma within four years. This indicator is relevant because low levels of education are often linked to poverty and poor health.

Comparison to other regions

Download Data

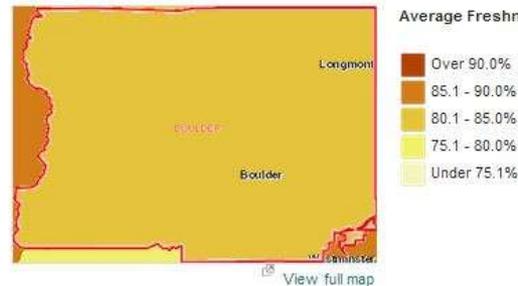
Report Area	Average Freshman Base Enrollment	Estimated Number of Diplomas Issued	On-Time Graduation Rate
Boulder County, Colorado	3,288	2,666	81.10
Colorado	61,162	47,459	77.60
United States	4,024,345	3,039,015	75.50
HP 2020 Target			>82.4



Comparison to national goals

Note: This indicator is compared with the Healthy People 2020 Target. No breakout data available.
Data Source: The University of Wisconsin, Population Health Institute, County Health Rankings, 2012 and the U.S. Department of Education, National Center for Education Statistics (NCES), Common Core of Data, Public School Universe Survey Data, 2005-06, 2006-07 and 2007-08.
Source geography: County.

Interactive map



Would need to add "why it's important" and qualitative findings. Also very technologically-intensive!

Local Example: Denver

<http://www.denvergov.org/Portals/261/documents/HSR2011/Health%20of%20Denver%202011%20Full%20Report%202.27.pdf>

- Great features such as “Local Stories,” “Comparison Stories” and “Did You Know?” call-out boxes

ACCESS TO HEALTH CARE

Comparison Story

Oregon: Does Medicaid Make a Difference?

In 2008, Oregon wanted to offer Medicaid to more residents. Funds were available for only 10,000 more residents. Since 90,000 applied to receive Medicaid, government officials decided to pick residents by lottery. This created a chance to study how insurance affects health care use. It was discovered that people who received Medicaid were more likely to go to a clinic or see a doctor. They were also less depressed and better able to maintain financial stability. They were more likely to use prescription drugs, or be admitted to a hospital. They felt better and were more likely to say their health was good or excellent. Medicaid did what all insurance—homeowner's, auto, health—is designed to do: shield people from financial catastrophe. Those with insurance were less likely to have an unpaid bill sent to a collection agency. They were less likely to borrow money or fail to pay other bills because they had to pay medical bills. Study findings showed what real health insurance brings and how much health insurance can improve health status.*



Local Story

Tanya's Story at Weigh and Win

After having pictures taken with friends, I noticed how big I let myself get. My friend told me about this new program, *Weigh and Win* (www.weighandwin.com). I attended an introductory session, saw people just like me, and decided to join. I started with small goals as directed by the health coach. My very first goal was to get an alarm clock to get up for the gym! Daily text messages three times a day helped keep me on track. Another thing that really worked for me was the weekly grocery list. I am intimidated by big grocery stores and making healthy selections. So I now shop at smaller healthy grocery/farmers' market-style stores. I am less tempted. For people who may be afraid of the higher costs in these grocery stores, my advice is that they try it out. [You would be] amazed how much money you save when you are not buying costly junk food! The scale does not lie, and it helps to get that motivation back. I love showing off the before and after pictures!

Permission to share granted from Tanya, 10/19/11



Did You Know

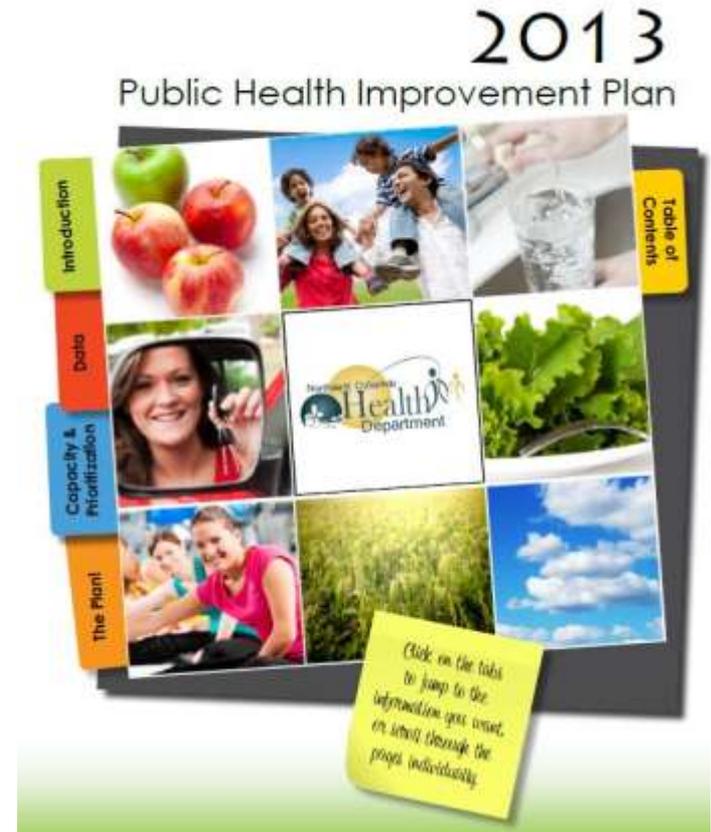
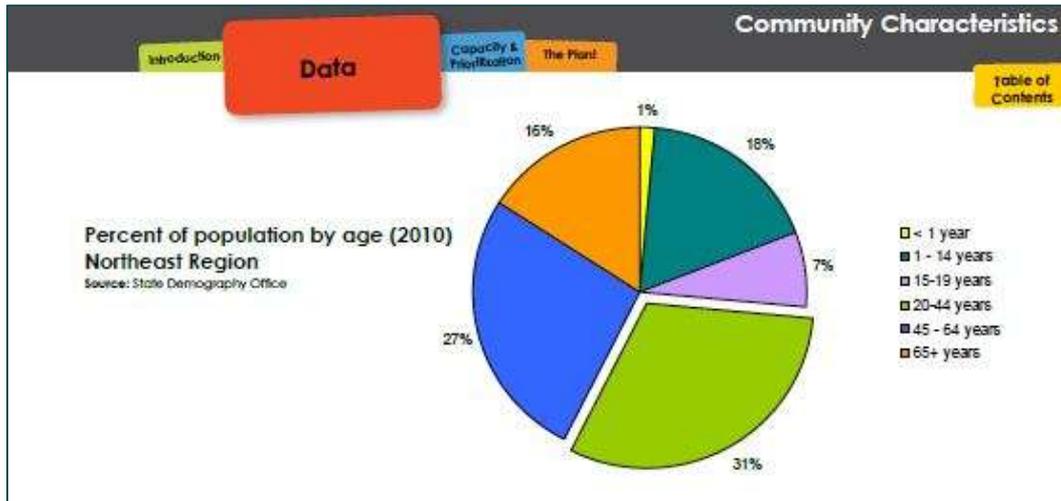
- In 2009-2010, Denver's school-based clinics had 8,827 users. These users had a total of 35,000 visits for medical, mental, and health education services. Of those, 19,442 were medical visits.*
- Almost 28% of pregnant women in Denver delay prenatal care, starting care after the recommended 1st trimester of pregnancy.**
- Annually, the U.S. pays \$2,500 to \$5,000 more per person on health care than in Japan and countries in Europe.†



Local Example: Northeast

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- Interactive PDF document
- All components of the health assessment and planning in the same place
 - Has placeholders with anticipated upload dates



Key Considerations Revisited

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Follow Up

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- For now:
 - Begin to think about the examples and key considerations presented today
 - Any additions?
- Before the next meeting:
 - We will follow up with more detail and start pinpointing some decisions
- At the next meeting:
 - Have a shared vision for the Statewide Community Health Assessment



Quantitative data workgroup

Quantitative Workgroup Participant	Agency/Organization
Sharon Adams	CDPHE (Office of Planning & Partnership)
Marisa Allen	The Colorado Health Foundation
Chris Armijo	The Colorado Trust
Kirk Bol	CDPHE (Health Statistics Section)
Jeff Bontrager	Colorado Health Institute
Katie Brookler	CO Dept Health Care Policy & Finance
Eric Brown	CDPHE (Office Environmental Integration & Sustainability)
Alison-Grace Bui	CDPHE (Health Statistics Section)
Shane Chatfield	Mesa County Health Department
Christine Demont-Heinrich	Tri-County Health Department
Rene Horton	CO Dept Health Care Policy & Finance
Jan Lowery	Colorado School of Public Health
John Mahalik	CO Dept of Human Services
Alyson Shupe	CDPHE (Health Statistics Section)
Lorena Zimmer	CDPHE (Office Health Disparities)

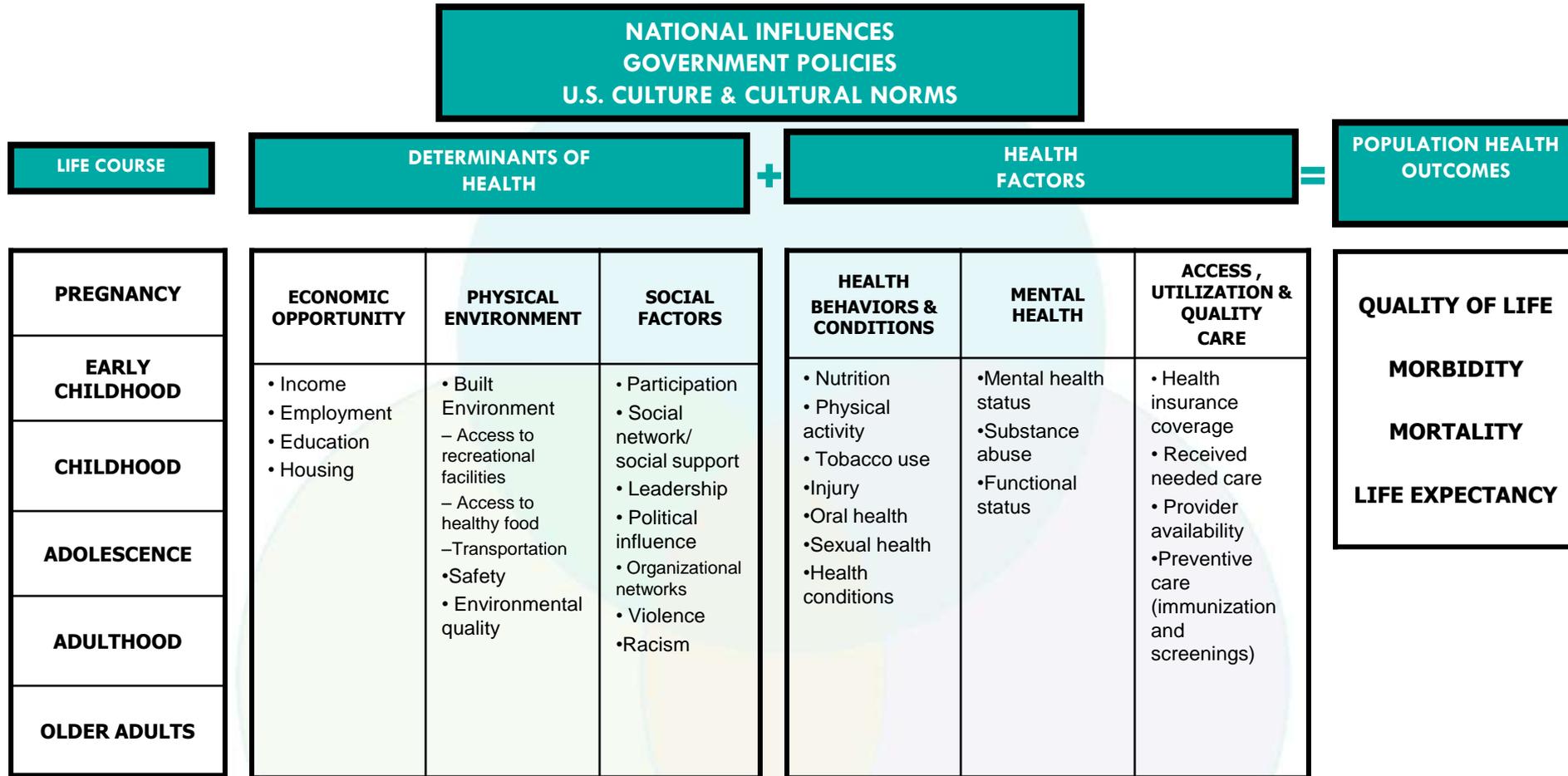
Role

- **Workgroup**
- Accountability
- Indicator selection
 - Not data mining
 - Health Equity Model Framework
 - Incorporating other state-level efforts where appropriate
 - Public health indicators workgroup
 - Not issue prioritization project



Health Equity

An Explanatory Framework for Conceptualizing the Social Determinants of Health



Public Health's Role in Addressing the Social Determinants of Health

- Advocating for and defining public policy to achieve health equity
- Coordinated interagency efforts
- Creating supportive environments to enable change
- Data collection, monitoring and surveillance
- Population based interventions to address individual factors
- Community engagement and capacity building

Quality of indicators

- Availability
- Standardization and comparability
- Trusted sources
- Valid and reliable
- Meaningful/salient
- Burden
- No redundancy



Principles for indicator selection

- ❑ Stratify by demographics to identify disparities
- ❑ Stay open to emerging issues
- ❑ Not limited to outcomes only
- ❑ Smallest timeframe possible
- ❑ Evidence-based
- ❑ Include indicators that are both actionable and contextual
- ❑ Consistent with key indicators of state-level efforts where possible



Workgroup Tasks

- Monthly meetings
 - Third Thursday of the month
 - January to June 2013
- Tackle 1-2 “Domains” per meeting
- Review indicator list for domain
 - Select best indicators within framework
 - Identify and address any data gaps
 - Discuss data presentation/formatting
- Assignments based on identified data gaps
 - Certain domains more relevant to workgroup participant expertise
- Each meeting will have output
 - Indicator list: indicator, metric, source, data presentation/format



QUESTIONS?



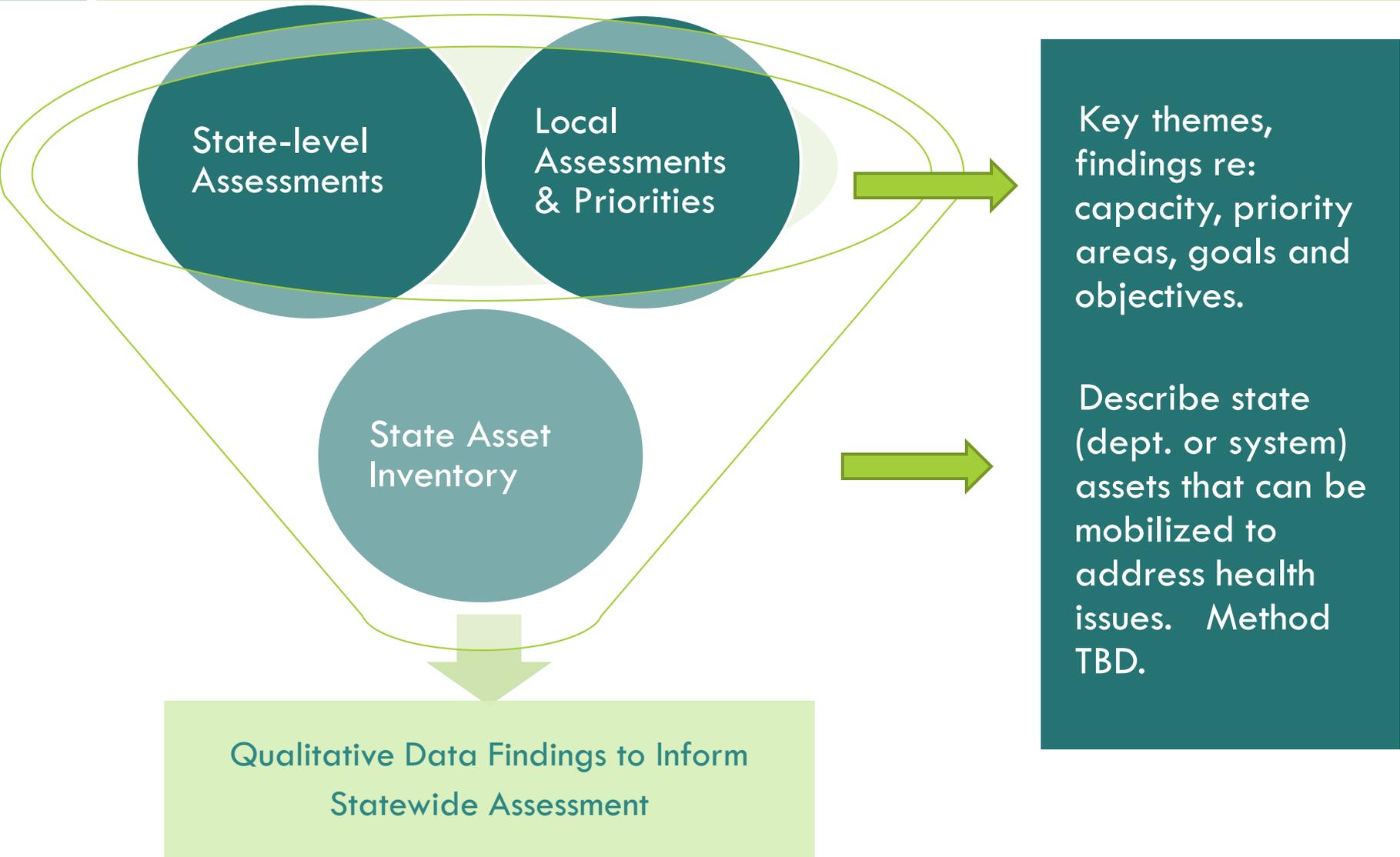
“Data don’t make any sense,
we will have to resort to statistics.”

Qualitative data group



Participant	Agency/Organization
Bridget Beatty	Coordinator of Health Strategies, Healthy Schools, Denver Public Schools
Maria Carreon Ayers	Language Services Coordinator, Office of Health Disparities, CDPHE
Deanna Herbert	Public Information Officer, Northeast Colorado Health Department
Steve Holloway	Health Equity and Access Director, Prevention Services Division, CDPHE
Debbi Main	Dept. of Health and Behavioral Sciences, University of Colorado Denver
Linda Reiner	Vice President of Planning and Evaluation, Caring for Colorado Foundation
Courtney Lee Ricci	Evaluation & Learning Officer, The Colorado Trust
Laurie Schneider	Colorado Public Health Training Center, Colorado School of Public Health
Anna Vigran	Senior Analyst and Communications Specialist, Colorado Health Institute
Stacy Weinberg	Dir. of Epi, Planning and Communication, Tri County Health Department
Cambria Brown	Health Planner, Office of Planning and Partnerships, CDPHE
Heather Baumgartner, lead	Assessment and Planning Manager, Office of Planning and Partnerships, CDPHE

Data Collection Categories



Aggregation of state, local assessments

Methodology: Framework Analysis (Ritchie and Spencer, 1994)

- Developed in the context of applied policy research.
- Appropriate to meet specific info needs and provide findings within a short timeframe.
- Useful when specific issues exist which stakeholders would like explored.
- Useful to describe, interpret what is occurring in a specific – or set – of samples.
- Develops hierarchical framework to organize data according to key themes, concepts and emergent categories. Identifies series of main themes subdivided by related subtopics. Cells contain relevant summaries from the data set; charts are used to examine the data for patterns and connections.

Emerged from: Grounded theory (Glaser and Strauss, 1967)

Appropriate for analyzing public record irrespective of form. Resulting ideas, concepts emerge from the data through a process of rigorous and structured analysis. Resulting theory is “grounded in the data.”

Key stages of Framework Analysis

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1. Familiarize
2. Identify a thematic framework
Ours: Health Equity Framework, SB 194 requirements
3. Index
4. Chart
5. Map and Interpret

Multiple coders will enter, manage and analyze data using NVivo 10 software.

Source: Lacey A. and Luff D. *Qualitative Research Analysis. The National Institute for Health Research, Research Design Service for the East Midlands / Yorkshire & the Humber, 2007.*



Asset Scan

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Goal: “Produce a listing or description of state assets that can be mobilized and employed to address health issues. These may include other sectors.” - PHAB requirement

- Researching other state’s approaches
- May provide opportunity to meet recommendation to include highlights of winnable battle progress
- Options will be presented for decision-making at next meeting



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Communications plan

Communications

“Ensure that the community health assessment is accessible to agencies, organizations, and the general public.” - PHAB Measure: 1.1.3 A

Steps:

- ❑ Consult with you to craft communications plan
- ❑ Research state and local CHA communication plans, methods
- ❑ Provide regular updates to state board of health and established forums such as CALPHO
- ❑ Provide examples and options for consideration
- ❑ Present release of initial findings at Public Health in the Rockies
- ❑ Employ varied communication methods – web based, in person, structured and unstructured input



Input Example: Florida

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www.doh.state.fl.us/Planning_eval/FloridaMAPP/SHA/index.html

- Obtaining public input on their draft assessment through simple web-based surveys

Draft Florida State Health Assessment

Executive Summary	Feedback
Introduction	Feedback

Appendix A. State Health Status Assessment Findings
This assessment identifies priority health and quality of life issues through extensive data reviews. Questions answered by this assessment include, "How healthy are our residents?" and "What does the health status of our state look like?".

Demographic and Socio-economic Characteristics	Feedback
Health Risk Factors	Feedback
Health Status	Feedback
Health Resources Availability	Feedback
Community and the Environment	Feedback

1. The text and tables are clear.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

2. I understand how the assessment data were used to develop state priorities.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

3. My work contributes to the statewide effort to address these state priority issues.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree



Statewide Assessment Home Page

Find:

Click [here](#) to visit.

- Description of the effort
- [Colorado Health Assessment Quick Facts](#)
- [Colorado's Community Health Assessment Timeline](#)
- [What does Colorado's Public Health Act require in our state's public health plan?](#)
- [What does the Public Health Accreditation Board \(PHAB\) recommend?](#)
- [Community Health Assessment Data Workgroup Members](#)

Related Resources

[Colorado Health Assessment and Planning System \(CHAPS\) website](#)

[Colorado Health and Environmental Data website](#)

[Colorado's 10 Winnable Battles](#)

[Colorado's Public Health Improvement Plan, 2009 webpage](#)



Questions

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- What information would be useful in a statewide asset scan?
- What would make the final statewide health assessment product most useful to you?
- If you have participated in a leading a community health assessment, what do you consider to be the most significant lessons learned?



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Background & additional info.

Colorado's Community Health Assessment Timeline

Nov-Dec 2012

Structure and
engagement

- Identify organizational structure
- Convene workgroups
- Establish communication methods

Dec 2012 - May 2013

Data
collection,
analysis,
synthesis

- Collect and analyze:
- Existing state and local assessments
 - Local priorities
 - State assets
 - Secondary data

June - Sept 2013

CHA drafted,
stakeholder
review

- Circulate draft
- Incorporate edits
- Public input
- Present at Public Health in the Rockies
- Begin PHIP prep

Oct 2013

Final CHA
released

Publish and
promote by e-mail
and web.



State assessments/plans to be analyzed

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- ❑ Adverse Childhood Experiences Study (ACE)
- ❑ A Strategic Plan to Address Chronic Obstructive Pulmonary Disease in Colorado 2007
- ❑ CDPHE Strategic Map
- ❑ Colorado Air Quality Control Commission Report to the Public
- ❑ Colorado Asthma Plan
- ❑ Colorado Cancer Plan 2010-2015
- ❑ Colorado MCH Priorities w/ State and Nat'l Performance Measures
- ❑ Colorado Population in Need 2009
- ❑ Colorado Diabetes Prevention and Control Strategic Plan 2008
- ❑ Colorado Heart Healthy and Stroke Free
- ❑ Colorado Homeless Youth Action Plan

Cont. next page



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State assessments/plans to be analyzed

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- ❑ Colorado Injury Prevention Strategic Plan
- ❑ Colorado Public Health Improvement 2009
- ❑ Colorado Report Card
- ❑ Colorado Tobacco Control Strategic Plan
- ❑ Colorado Trauma System Rapid Planning Event
- ❑ Health Kids Colorado Survey
- ❑ LGBT Health Outcomes Plan
- ❑ Part B Comprehensive Plan for HIV Care and Treatment
- ❑ Physical Activity and Nutrition State Plan 2010
- ❑ Population in Need (PIN) Study, 2009
- ❑ Racial and Ethnic Health Disparities in Colorado
- ❑ Solid and Hazardous Waste Commission
Annual Report



Qualitative work group sector representation

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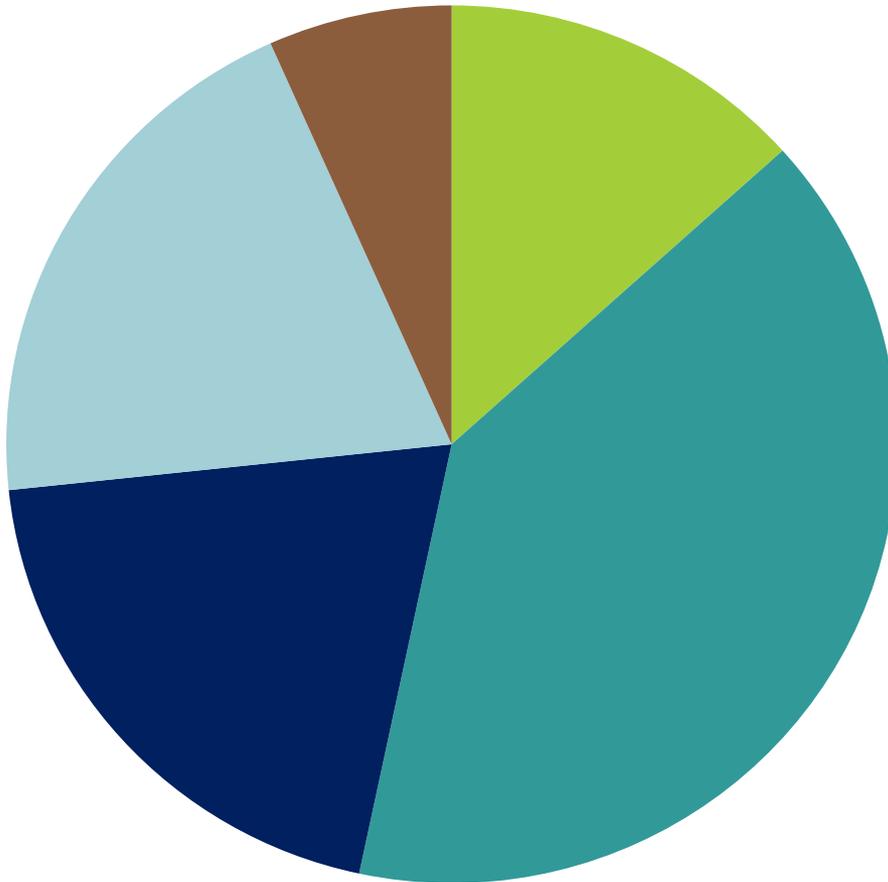


- Local PH (2)
- State PH (4)
- Higher Ed (2)
- Nonprofit (3)
- Public Schools (1)



Qualitative work group sector representation

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■ Local PH (2)

■ State PH (6)

■ Partner State Agency (3)

■ Nonprofit (3)

■ Higher Ed (1)

