

San Diego Accountable Community for Health Data & Metrics Workgroup Meeting Summary August 23, 2018

Accountable
Communities for
Health

Members Present:

Nicole Blumenfeld
Dan Chavez
Marvin Gordon
Annie Keeney
Adrienne Markworth
Christopher O'Malley
Jennifer Tuteur

Agnes Hajek
Carrie Hoff
April House
Ken Malbrough
Corinne McDaniels
Natache Muschette
Tanya Penn
Barry Pollard
Leslie Ray

Caryn Sumek
Ray Troche

Staff and Consultants Present:

Christy Rosenberg, BTSD
Elizabeth Bustos, BTSD
Sonal Desai, BTSD
Alaina Dall, Consultant
Cheryl Moder, Consultant

Members Absent:

Deirdre Browner
Heidi Gjertsen

Welcome and Introductions

Christy Rosenberg initiated the meeting by reviewing the agenda; workgroup members introduced themselves. The agenda was reviewed, and the summary of the July Workgroup meeting was reviewed and accepted.

Review of "Overview of Indicators" Document

At a previous Workgroup meeting, members requested a summary sheet outlining all priority and secondary indicators chosen by the Workgroup. Christy Rosenberg presented an initial draft of this document populated with the primary and secondary indicators for nutrition, and the data for each. This document will continue to be populated with additional secondary metrics and data for wellbeing, physical activity, BMI, cigarette smoking, diabetes, hypertension, and access as they are chosen by the Workgroup. The first draft focuses on indicators for adults, while additional summary documents will be produced for children and teens.

In response to a question regarding whether cholesterol data might be obtained (given it is one of the American Heart Association's Simple 7 measures), it was noted that there are currently not publicly available data for cholesterol levels in the county. However, Dan Chavez of San Diego Health Connect expressed willingness to investigate making it available in the future.

An updated version of this document will be distributed at the Stakeholders Meeting scheduled for September 13, 2018.

Review Nutrition Indicators and Data

Alaina distributed a detailed table with definitions of each of the secondary measures for nutrition for adults, teens, and children, along with the currently available data and data sources. Alaina also explained some of the limitations of the data. Food insecurity questions are asked only of those who are at or under 200% of the federal poverty level. For the measures for teens and children, there are areas where available data is statistically unstable. For example, data on the percentage of teens reporting drinking two or more cans of sodas containing sugar is unstable. However, the Community Health Statistics office of the County of San Diego Health and Human Services Agency is assisting the ACH by providing data broken down according to requests provided by the Data & Metrics workgroup. A representative from the office noted that the

percentage of teens consuming two or more sodas can be combined with the percent of teens who consumed one can.

Workgroup members expressed disappointment in the absence of questions regarding consumption of fruits and vegetables for adults in the CHIS. Members suggested the possibility of contacting the UCLA Center for Health Policy Research (which designs and administers the survey) to better understand the reasons for not including the measure, and possibly request future inclusion of a question about consumption of fruits and vegetables for adults.

Workgroup members agreed that the nutrition measures reviewed during this meeting would be the baseline priority and secondary measures to track moving forward.

Review and Discuss Indicators for Wellbeing

Alaina provided a review of secondary indicators for wellbeing discussed by the Workgroup at its previous (July) meeting. For psychological wellbeing, possible risk factors include depression and social isolation, while potential protective factors are optimism and positive psychological wellbeing (PPWB). Alaina also discussed the concept of community wellbeing as laid out in the framework of the tool for health and resilience in vulnerable environments (THRIVE), which includes concepts such as social networks and trust, safety, and equitable opportunity.

The group affirmed that the primary indicator tentatively selected during the Workgroup's previous meeting (the percent of the population who say that in general, their health is: excellent, very good, good, fair, or poor) would continue as the priority indicator for wellbeing moving forward.

Options for secondary wellbeing indicators in the areas of psychological and community wellbeing were presented (see accompanying document). Alaina provided an overview of the sources of data, including OSHPD, CHIS, BRFSS, UDS, HEDIS and health plans, and the San Diego County Sheriff's department and other local law enforcement agencies (acronyms defined in the accompanying document). The list of Community wellbeing indicators was organized to correspond to categories in the THRIVE framework. Measures for equitable opportunity were added to the list discussed during the previous Workgroup meeting, including living wage, poverty rate, employment rate, and graduation rates for the San Diego Unified School District (from the California Department of Education).

The group engaged in a discussion and voting exercise to select priority indicators from this list of available metrics, with a focus on examining which measures could connect to cardiovascular health, and also be obtained for multiple age groups.

After voting and vigorous debate, the group selected the following secondary indicators for wellbeing:

- Individual Wellbeing:
 - Average number of days in the past 365 you were totally unable to work or carry out your normal activities because of feeling nervous, depressed or emotionally stressed
 - Number of days during the past 30 that poor physical or mental health kept you from doing your usual activities such as self-care, work or recreation.
 - How often do you feel isolated from others

- Number of depression and bipolar disease hospitalizations, ED discharges, and inpatient treatments
- Number of acute and chronic substance abuse-related disorder hospitalizations and ED discharges
- Number of acute and chronic alcohol-related disorder hospitalization and ED discharges
- On average, how many hours of sleep you get in a 24-hour period
- During the past 30 days, how often did you feel so depressed that nothing could cheer you up
- Community Wellbeing
 - How often do you feel safe in your neighborhood
 - How much you feel that people in your neighborhood can be trusted
 - Percent of households in San Diego County below "real cost measure" - the amount of income required to meet basic needs

Update on Community Survey / Portfolio of Interventions

Cheryl Moder discussed selected results of the recently executed Portfolio of Interventions Survey. She highlighted the fact that the greatest number of responses to the question of which protective factors are addressed by the programs were related to wellbeing. She provided additional detail of what specific wellbeing protective factors were addressed, including improving social determinants of health and stress management.

Cheryl displayed a table of the survey's protective factors organized by ACH domain (Clinical, Community, Clinical-Community, and Policy, systems, or environmental). This grid provided illustration of the differentiation between the types of programs within each category, as well as the large difference in the number of protective factors listed within each category (policy, systems, environmental change was not well-represented in responses).

Cheryl also shared what activities respondents were interested in exploring, as well as the organizations interested in sharing outcomes data. Christy noted that as the Workgroup begins to explore partner-generated data, these organizations will be approached first. Cheryl will continue analyzing the survey results, examining the types of data collected as part of each program, as well as interest in sharing program outcomes data to demonstrate impact.

Discuss Data Dashboard Strategy and Phases

As the SD ACH collects data, it will produce dashboards to illustrate the status of multiple measures. Sonal Desai discussed the development process that the ACH will follow for its dashboards. For each dashboard, the purpose, measures, and visual prioritization will be determined within the design process. Once the dashboard has been published, data collection and analysis will continue, after which an evaluation and refinement process will take place. This will include consideration of whether graphs effectively communicate data, and whether the dashboard is as accessible and understandable as possible. The first dashboards will focus on data on adults; data on children and teens will be added later, after which data will be broken down by the five lenses in order to visualize disparities. We will also develop a dashboard about how well the ACH is meeting its grant objectives.

Members of the workgroup discussed dashboards they have found interesting or well-designed in the past,

while Elizabeth Bustos noted that the Community Resident Engagement Workgroup (CREW) will have a critical role in reviewing all public-facing dashboards to provide feedback on accessibility.

Next Indicator Deep Dive: Physical Activity

The Workgroup will go through a process similar to the wellbeing indicator selection at its next meeting. Potential primary and secondary indicators for physical activity will be discussed, and a final set of secondary indicators will be selected. Christy encouraged Workgroup members to share any publicly available data on physical activity with which they have worked.

Next Steps

The next Data and Metrics Workgroup Meeting will take place on September 27th. Members were reminded of the upcoming ACH Community Stakeholder meeting on September 13th, 2018. Christy also provided dates for the upcoming Workgroup meetings through the rest of the year: October 25th, and November 29th. The Workgroup meeting in December may be held on December 20th.