

San Diego Accountable Community for Health Data & Metrics Workgroup Meeting Summary September 27, 2018

Accountable
Communities for
Health

Members Present:

Nicole Blumenfeld
Deirdre Browner
Annie Keeney
Ken Malbrough
Christopher O'Malley
Jennifer Tuteur

Members Absent:

Dan Chavez
Heidi Gjertsen
Marvin Gordon
Agnes Hajek
Carrie Hoff
April House
Adrienne Markworth
Corinne McDaniels
Natache Muschette
Tanya Penn
Leslie Ray
Ray Troche

Staff Present:

Christy Rosenberg, BTSD
Sonal Desai, BTSD

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 August Workgroup meeting was reviewed and accepted.

Review Timeline and Next Steps for Phase 1 and Phase 2 Data Activities

Christy provided a brief overview of San Diego Accountable Community for Health (SD ACH) priority and secondary indicators that have been selected thus far, and the plans for selection of measures for the remaining indicators. She described the two phases of work in which the Workgroup will engage.

Phase 1 will involve selection of measures and data from publicly available data sources. Phase two will focus on the subsequent selection of measures and collection of data from partners (in the order in which the priority and secondary indicators are listed in the summary Overview of Indicators document). As discussions regarding data collection with partners ensue, the schedule of Data & Metrics Workgroup meetings will change, due to the different nature of discussions with partners.

A subsequent phase, Phase 2, will focus on communication of the data: data visualizations, and design of the data communication strategy. Questions will include whether the SD ACH should create its own dashboards (including all technical infrastructure), or partner with organizations that already produce dashboards.

Review and Finalize Baseline Data and Improvement Goals

Christy raised the question of the timeline and target date for the previously agreed-upon goal of 20% improvement over the current baseline data for all indicators. Christy reminded the group that the 20% target was based upon the American Heart Association's existing target, and that the AHA's target is achievement of these improvements by the year 2020. The Workgroup was tasked with recommending what the impact goal of the SD ACH should be: is a 20% indeed the appropriate number for improvement level, and what should be the target date.

Christy provided an overview of indicators selected to date, and displayed San Diego County data on the priority outcomes of stroke, coronary heart disease, primary hypertension, and myocardial infarction stratified by sex and race/ethnicity.

Workgroup members discussed the issue of timeline, and possible strategies to help adjust for some of the challenges in availability of data. Suggestions included:

- Establishing a set of years with a different goal for each year.
- Given the disparities by the lenses of equity (sex and race/ethnicity), rather than aim for a blanket reduction in adverse outcomes for all San Diegans, it may be desirable to establish different goals for different populations, given the large differences in risk levels across populations.
- Consider whether a 20% improvement on some of the indicators is realistic; some of the Workgroup's selected indicators are behavioral outcomes, which can take a long amount of time to improve. Therefore the group may want to examine the 2010-2018 trend, and determine what level of improvement is possible.
- Choose a target date other than 2020 (including 2030, with an intermediate goal for 2020). The group decided to choose both a long-term goal and a short-term goal.
- Members of the workgroup expressed a desire for greater information about large-scale population health improvement projects currently underway, in order to better understand what level of improvement may be possible. Ongoing efforts include work with corner stores and farmers markets in the area of nutrition.
- Explore aligning SD ACH goals with either the Integrated Healthcare Association's (IHA) Pay for Performance measures (now "Align. Measure. Perform.") or the Healthcare Effectiveness Data and Information Set (HEDIS) goals, rather than solely based upon county activities.
- Consider where the "needle" can be moved the greatest amount. It may be possible to achieve improvements on hospitalizations for primary hypertension. Emergency Department Visits can be a good indicator of clinical practice, as well as access as well as quality of clinical services.
- Gather data on ED visits, hospital discharges, deaths in 2010, 2015, and in 2020, and compare to the targets of the US Department of Health and Human Service's "Healthy People 2020" in order to align goals.

The Workgroup concluded that it would examine trend data for priority outcomes from 2010-2015, and Healthy People 2020 targets. Then use 2017 data to determine whether SD County is getting close to these goals, and use the information to determine the SD ACH's 2020 goal. A two-year goal for 2020 would be established, after which the Workgroup can recommend a 2030 goal based on the 2020 status as a new baseline.

The Workgroup will also examine goals for individual groups with higher risk for adverse outcomes, and aim to raise those communities to the rates of healthier communities (getting them closer to "the best of the best").

The Workgroup will continue aiming for a 20% improvement, extending the timeline for that goal to 2030, and set a mid-term goal based on trend data.

Indicator Deep Dive: Discuss and Select Secondary Indicators for Physical Activity and Healthy Weight

The Workgroup reviewed the AHA's recommendations ideal levels of physical activity for adults and children, as well as its previously selected priority indicators. County epidemiologists were engaged in efforts to obtain individual-level data from the State of California (gathered from schools) in order to gain better data for children. Fitnessgram data was reviewed by Christy. A question was raised as to whether Fitnessgram data was limited to public schools.

The Workgroup reviewed and discussed a list of multiple measures/health factors that could possibly be selected as secondary measures for physical activity and healthy weight, as well as best practices and existing recommendations. Members also considered whether secondary indicators were desirable/necessary, or whether the existing priority indicator may be sufficient to monitor progress over time.

During the discussion, Workgroup members expressed interest in following up with the researchers with the California Health Interview Survey (CHIS) to return the measure "Percent of adults who spend two or more hours per week exercising" (currently only an estimate produced by ESRI and not CHIS) to its survey. In addition, members expressed an interest in identifying publicly available data sources with a measure indicating whether individuals have places to which they desire to walk (not solely parks), and explore the "California Household Travel Survey" which discusses modes of transportation (including walking and cycling) at the county level.

After discussion, the group selected the CDC/Live Well San Diego Built Environment indicator – "percent of population living within a half-mile of park" and the CHIS Walking for Fun or Exercise indicator for adults. For teens and children, the group selected the following CHIS questions:

- Physical Activity: Not including school PE, in the past 7 days, the number of days you were physically active for at least 60 minutes total per day; during a typical week, on how many days you are physically active for at least 60 minutes total per day (not including PE)?
- Sedentary Time: During the week days, about how much time do you spend on a typical or usual week day sitting and watching TV, playing computer games, taking with friends, or doing other sitting activities (estimate in hours and minutes). Same question for weekends.

Discuss Phase 2 Data Collection from Community Partners

Christy reviewed the Portfolio of Interventions (POI) framework including the role of data. She also reviewed the data-related results from the recent POI survey including the number and list of organizations that indicated an interest in sharing data with SD ACH and the data-related training and technical assistance needs identified. Christy reviewed the benefits and barriers to data sharing that were identified by SD ACH partners at the last Stakeholder meeting. All of this information is helping to inform Phase 2 data collection activities from portfolio partners. The group discussed potential next steps including covering the organizations that indicated an interest in sharing data. The group agreed to continue the discussion at the October meeting.

Next Steps

The next Data and Metrics Workgroup Meeting will take place on October 25, in conjunction with the site visit with the California Accountable Community for Health Initiative (CACHI) evaluation team.