Children & Families
Commission of Orange County

Agenda Item No. 3
December 7, 2011 Meeting

DATE: November 21, 2011

TO: Children and Families Commission of Orange County

FROM: Michael M. Ruane, Executive Director

SUBJECT: Progress Report - Review of Community Indicator and Needs Assessment Projects

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SUMMARY:
As reported at the September Commission meeting, the Commission in conjunction with the Orange County, Health Care Agency has been conducting a review of community indicator and health needs assessment projects that are sponsored or supported by both organizations. The first phase of the project confirmed the importance of collaborative health planning supported by valid, recognized data sources. Related to this effort, several early recommendations were presented to the Commission at the October meeting including:

- Continue to support collaborative health planning among key partners, such as the County, non-profit hospitals and other funders.
- Prioritize the data resources necessary to support this collaborative based on cost-effectiveness, availability, and relevance to the Commission's mission.
- Place greater emphasis on increasing the accessibility and use of the data in decision-making.

Once the value of the collaborative health planning was confirmed, a Technical Work Group implemented the second phase of the project to review the county's breadth and depth of relevant community data resources. This comparative analysis included a review of available data resources, particularly those that have emerged in the last 10 years, to support an assessment of health needs on a county and community level. The Technical Work Group, composed of County and Commission staff, concluded that:

- In the last 10 years significant improvement and expansion of health data that is supported statewide and available on a County or, in some cases, sub-county basis.
- Opportunities to "procure" data have expanded which reduces the need to develop independent data sources.
- While individual data sources may not answer the full set of questions, the integration of multiple data sets can provide a fuller picture of the health issues and conditions in Orange County.
- Data availability is increasing and expanding rapidly; data available in electronic formats allowing more ad hoc queries and analysis.

The findings of the Technical Work Group were presented at a meeting of needs assessment funders (Attachment 1). Designating a lead agency, preferably the County Health Care Agency

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(HCA), to provide leadership in Orange County in developing on-going relevant data capacity is recommended. It is feasible that this could be accomplished through the County's effort in preparing for accreditation of its Public Health Services unit within HCA. The first public health accreditation program was launched this year.

The Working Group also recommends further prioritization of data investments and exploring alternatives to create new data sources. Specifically, the group agreed to reach consensus on what additional data may be required from the California Health Information Survey (CHIS) and other sources versus continued investment in an Orange County health data collection survey.

In addition, Commission representatives have also continued to work with Gallup on opportunities to utilize its Wellbeing Index data and related projects in conjunction with our regional efforts.

The meeting participants agreed that a path for moving forward would be determined no later than the end of January 2012. Final recommendations will be presented to the Commission in February 2012.

STRATEGIC PLAN & FISCAL SUMMARY:
No fiscal impact at this time.

PRIOR COMMISSION ACTIONS:
- October 2011 – Progress Report and First Phase Recommendations
- September 2011 - Executive Officer's Report

RECOMMENDED ACTIONS:
1. Receive staff progress report.
2. Direct staff to return in February 2012 with a final report and proposed funding recommendations.

ATTACHMENT:
1. Review of Community Indicators and Health Needs Assessment Projects

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Attachment 1

Review of Community Indicators and Health Needs Assessment Projects

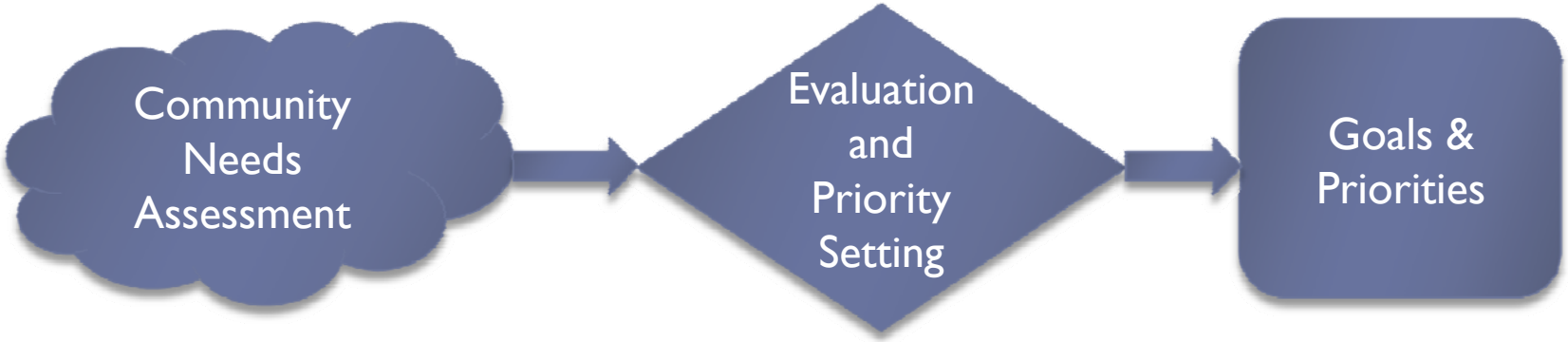
Report from Technical Working Group
November 2011

Key Themes from September Meeting

- Representatives discussed that collaborative efforts to date have been focused on needs assessment and data review and not planning or priority setting.
- Existing Orange County health data has been helpful in supporting this assessment, but some data gaps exist.
- Each institution, including hospitals, uses assessment data for internal planning.
- There is a need for a comprehensive public health effort that identifies countywide health priorities, while considering regional or community-specific needs.
- There is a need to look at existing data sources and define what is necessary to support collaborative priority setting. There are gaps in existing data sources, particularly at the geographic community level.

Proposed Future Process

Proposed County Health Priority Setting Process



-Provides a countywide and community-specific profile of the County
-Universally supported data sets
-Reflects hospital mandates
-Developed annually

- Sets a limited number of broad public health priorities
-Convened and facilitated by County
-Includes community, hospital, funder and other representatives

- Measurable indicators against limited number of goals and priorities
-Provides framework for local planning

Plan of Actions

Recommended Plan of Action

- Develop commonly agreed to community assessment tool. Identify data to inform collaborative priority setting
- Convene community priority setting effort, facilitated by the County, to set a limited number of community health priorities.
- Develop a set of indicators that will be used at the county, and community level, to monitor progress against the community health priorities.

Agreed to Next Steps

- Broad endorsement of proposed community priority setting process.
- Evaluate and analyze data supports to inform priority setting process – what would be the data relied upon for the needs assessment? This should include an analysis to identify gaps in data systems and consideration of alternative data methods and sources to provide accurate and timely baseline data.
- Once priority goals established, evaluate data to monitor progress against goals. What should be indicators that will track progress?

Technical Work Group Analysis

- What we did
  - Conducted an assessment of data sources available by the following categories of data sets:
    - Demographic
    - Lifestyles, Behaviors, Attitudes and Prevention
    - Access and Utilization
    - Current Health Status
    - Resource Mapping
  - Under each category of data identified
    - Specific data available by age group by various data resources (OCHNA, CHIS, Census, Healthy Kids, etc)
    - Smallest unit of geography available for the data
    - Other resources available for this data set

Technical Work Group Findings

- In the last 10 years significant improvement and expansion of health data that is supported statewide and available on a County or, in some cases, sub-county basis
  - Expansion of CHIS (2002)
  - New sources such as Healthy Kids (2003)
  - Gallup (2008)
- Opportunities to "procure" data have expanded which reduces the need to develop independent data sources
  - County specific generated data replicates what is available for purchase from state and other sources
- While individual data sources may not answer the full set of questions, the integration of multiple data sets can provide a fuller picture of the health issues and conditions in Orange County
- Data availability is increasing and expanding rapidly; data available in electronic formats allowing more ad hoc queries and analysis

What Data is Easily Available?

- Even at sub-county level, multiple data sets are available:
  - Birth, hospitalization, death
  - Incidence of disease
  - Health status
  - Rates of morbidity and mortality

- Children's data sources are more available than adults
  - Healthy Kids Survey - statewide survey of resiliency, protective factors, and risk behaviors of students in Grades 5-12
  - Kids Data - Comprehensive data about the health and well being of children across California available by city, county and school district
  - Conditions of Children Report

Implications

- Greater recognition of the quantity and quality of diverse data sets
- Collectively, county has not leveraged and mined available data sources and evaluated how these new sources could strengthen community assessment data
- Gap in ongoing inventory of emerging data sources and having a "directory" of the data sources available to meet community health evaluation and questions
  - Consider feasibility of central repository with links to relevant data sources

Example: Obesity

What do we know about the obesity rates among children and adults in Orange County?

- Wealth of data sources on weight status of children, less so on adults
- Table below indicates the obesity data available, by geography

Geography	Height / Weight (BMI)	Perception of Weight
County	CHIS; OCHNA; PedsNSS (ages 2-19)	OCHNA
Congress. District	Gallup (ages 18+)	N/A
School Level	CDE: FitnessGram (5th, 7th, 9th graders)	Healthy Kids: 5th graders

Other potential community indicators to track:

- By Zip: # of healthy food outlets per 1,000 residents
- By City: # of acres of parks per 1,000 residents

Example: Low Birth Weight (LBW) Babies

What do know about the trends of low birth weight babies and implications for health status?

- Depth of data available on LBW births through Birth Registry, by city or even smaller geography, including:
  - Age of mother, Race/ethnicity; Prenatal care; Gestational age; Single vs. Multiples, etc.
- What would we want to know and do not know?
  - While much data on LBW births are currently available, there are ongoing research projects in Orange County that are equally relevant
  - For instance, many Asian babies considered LBW, but Asians babies tend to be smaller. Current growth charts do not take this into account. UCI developing growth charts specifically for Asian births
  - Need to capitalize on research specific to Orange County

Example: Adult Behaviors

What do we know about the linkage between adult behaviors and health conditions?

- Countywide data exist for many adult behaviors (e.g., ATOD, exercise, access and use of medical care) but less available are data at sub-county level

- What would we want to know and do not know?
  - Gallup Wellbeing Index collects some data on adult behaviors, which are available at the congressional district, but smaller sub-county level not available for most indicators
  - Need to prioritize whether to expand resources to collect additional data on adult behaviors

Options for Future Investment

- Dedicate resources for ongoing assessment of available data
  - Develop capacity within the county to understand, track and evaluate emerging data sources and how they can support planning efforts
  - Analysis of the buy vs. build trade-offs
  - Maintain a directory and resource map of available data sources
  - Define a recommended "sub-county" regional structure that could serve as basis for all future investments
- Prioritize investments in which the county partners could "procure" additional data
  - Consider "purchasing" additional data in high-priority areas
  - Example: CHIS oversampling estimated @ $125,000 - $450,000 depending on the number of households sampled to meet the sub-county target geography

Options for Future Investment

- Leverage the federally funded Alliance for Community Health Research Infrastructure grant, developing the following resources:
  - Web Portal – provide centralized source for important OC health data and research
  - Training / Mentoring – facilitate university researchers and community agencies in working together to develop and implement community-based participatory research (translational science)
  - Community Engagement – conduct team building workshops to analyze health issues that needs improvement; identify existing data and research and gaps in information; identify potential community-based participatory research projects; consider implications for putting findings / science innovations into practice

Next Steps

- Develop a plan based on discussion
- Evaluate implications and transition for OCHNA
- Similar approach for reviewing Conditions of Children