



Build Healthy
Places Network



COMMON INDICATORS PROJECT: INITIAL REVIEW OF FINDINGS

Renee Roy Elias, PhD
*Manager of Strategic
Programs & Research*

Alison Moore
*MCP/MPH Candidate
Research Associate*

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PRESENTATION OUTLINE

1. **Common Indicators Project Scope**
2. **Findings**
3. **Summary/ Next Steps**



COMMON INDICATORS

PROJECT SCOPE

RESEARCH CONTEXT

Importance of social determinants of health and measurement

Common metrics explored within fields but not across fields

Lack of common framework for measuring health impacts

Untapped opportunities for shared measurement strategies



PROJECT GOALS

To create a **common language** around metrics across sectors

To show the importance of **measuring health value**

To provide a **complementary resource** for current measurement strategies

To provide a **starting point** for new measurement strategies



RESEARCH METHODOLOGY: INCLUSION CRITERIA

Reviewed 23 measurement tools according to these criteria:

Metrics for assessing SDOH

Neighborhood-level in scope or applicable to neighborhood contexts

Validated through research and practice

Produced in the last 10 years



MEASUREMENT TOOLS: SDOH AS A FRAMEWORK

This scan includes:

Nearby or project-specific tools based in validated research (e.g., Mariposa Healthy Living Toolkit, Orange County CHNA Guide)

Health/SDOH specific portions of regionally-focused tools (e.g., Sustainable Communities Health Indicators, County Health Rankings)

National indices/measurement frameworks with neighborhood relevance (e.g., RWJF Culture of Health Metrics)



MEASUREMENT TOOLS: SDOH AS A FRAMEWORK

This scan does not include:

Community development tools that do not explicitly focus on measurement of health/SDOH (e.g., LIIF Social Impact Calculator)

Planning tools that do not focus on low-income communities (e.g., AARP Livability Index, ULI Building Healthy Places Toolkit)

Public health and healthcare tools focused on traditional health indicators only (e.g., BMI, smoking rates)



ANALYSIS FRAMEWORK: SOCIAL DETERMINANTS OF HEALTH

Using WHO's SDOH as a starting point, the Network analyzed the most frequently used domains within each determinant to create a standardizing framework.

DETERMINANTS	EXAMPLES OF FREQUENTLY USED DOMAINS
Economic Stability	Financial Stability
Education	Educational Attainment
Employment	Jobs (Unemployment/Employment)
Food Environment	Food Retail
Housing	Housing Affordability
Neighborhood & Physical Environment	Environmental Quality
Physical Activity & Lifestyle	Active Living
Public Health & Healthcare	Health Risks and Outcomes
Social & Community Context	Social Cohesion
Transportation/Infrastructure	Pedestrian/Bike/Street Infrastructure

**Refer to Common Indicators Analysis Framework Supplement for full list.*

DEFINITION OF TERMS: FOCUS ON INDICATORS

HEALTH
METRICS

Actual values quantified
against a standard (e.g.,
Years Potential Life Lost)



HEALTH
INDICATORS

Quantifiable characteristics (a
factor or variable) of a population
(e.g., Life Expectancy)



CONSIDERATIONS

This project is not a recommendation for the “best” health indicators. It includes:

Descriptive review of commonly-used indicators within measurement tools used across sectors

Overview of less commonly-used indicators and what we can learn from them

Project-specific common indicators and considerations moving forward (e.g., CHNAs)



PROJECT SCOPE

PHASE I

Phase I:

**February –
July 2016**

Identify and scan measurement tools

Review and categorize tools in detail

Compile initial findings

Brainstorm final deliverables formats

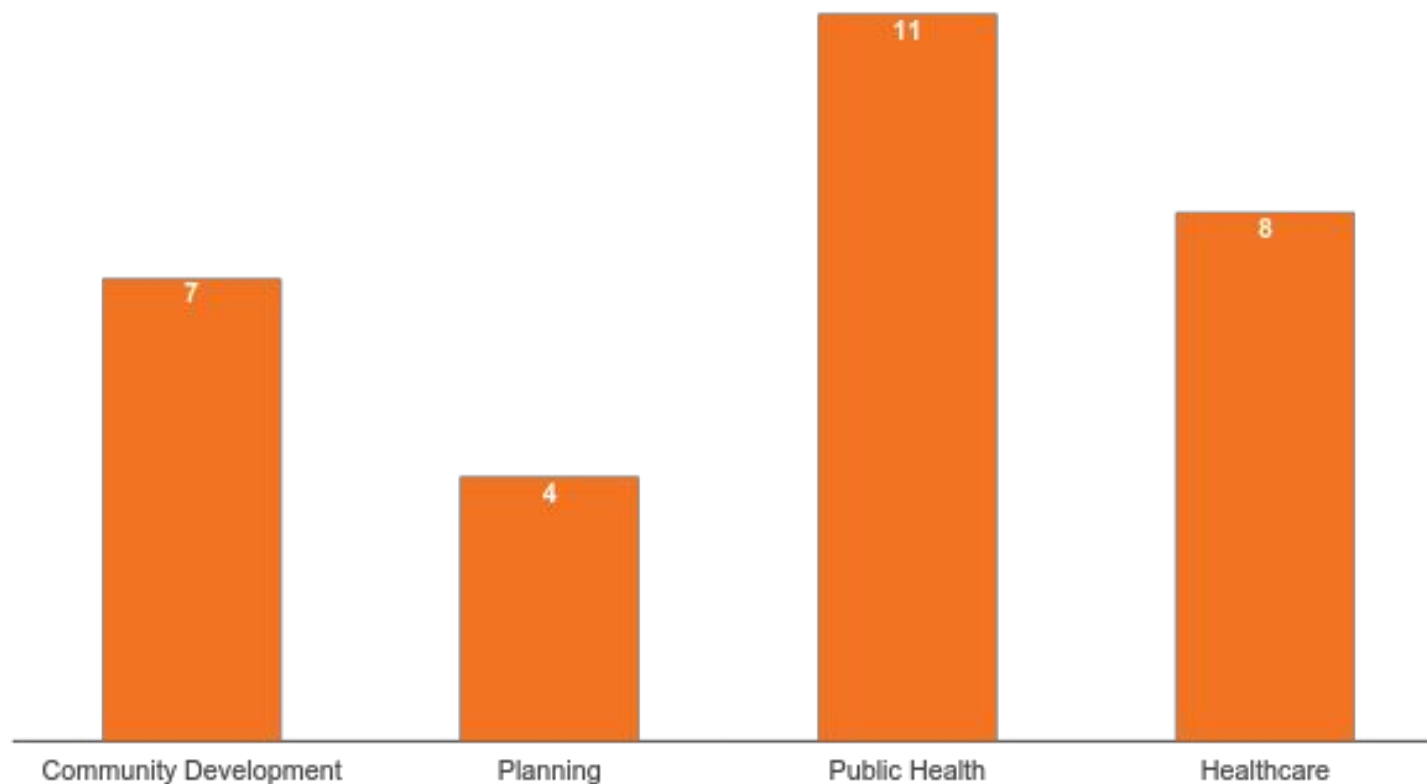
Share findings with metrics experts (this presentation)



FINDINGS: INDICATORS ACROSS SECTORS

REVIEWED MEASUREMENT TOOLS

23 tools each cutting across 1-2 additional sectors



**Note double-counting; some tools fall into multiple sectors.
Refer to Summary for full list of tools.*



COMMON DOMAINS & INDICATORS

Included in >50% of 23 reviewed tools

DOMAINS*	INDICATORS	SELECTED DATA SOURCES
1) Educational Attainment	High School Graduation	Census, NCES
2) Environmental Quality	Air Quality	EPA Air Quality System
3) Jobs	Unemployment	Census, Bureau of Labor Statistics Data
4) Healthcare Access	Health Insurance Coverage	US Census Bureau's Small Area Health Insurance Estimates (SAHIE)
5) Crime	Violent Crime	FBI Uniform Crime Reports

** In rank order of frequency of use. Only these 5 indicators surpassed 50%*

COMMON DOMAINS & INDICATORS

Included in 40-48% of 23 reviewed tools

DOMAINS*	INDICATORS	SELECTED DATA SOURCES
Financial Stability	Poverty Level	Census
Food Environment	Access To Food Retail	USDA
Housing Affordability	Housing Burden (% income)	Comprehensive Housing Affordability Strategy (CHAS) data (HUD)
Health Outcomes	Obesity	BRFSS
Health Risks	(tie) Substance Abuse & Smoking Rates	Substance Abuse & Mental Health Services Admin (SAMHSA) & BRFSS
Transportation	Commute Time	Census

**Poverty Level represented 48%, all other indicators are 43%.*

Substance Abuse and Smoking Rates were tied within the Health Risks domain

OUTSTANDING QUESTIONS

Why do only five SDOH domains show up in >50% of 23 measurement systems?

Why are certain leading indicators chosen, e.g. high school graduation for Education?

Why are insurance coverage and violent crime the only indicators measured for Healthcare Access and Crime?

What is missing, e.g., demographics?



FINDINGS: CROSS-SECTOR ANALYSIS

MOST COMMON INDICATORS (>50%) BY SECTOR

SECTOR	COMMON INDICATOR
Community Development (N=7 Measurement tools reviewed)	Housing Burden: % income (71%) Access to Food Retail, Air Quality, Traffic/Auto Accidents, Social Capital/Support, Unemployment, Voting Registration (all 57%)
Healthcare (N=8)	High School Graduation (75%) Air Quality, Asthma/Respiratory Illness, Health Insurance Coverage, Smoking, Unemployment (all 63%)
Planning (N=4)	Access to Food Retail, Access to Parks/Open Space, Access to Prenatal Care, Employment, High School Graduation, Homelessness, Housing Overcrowding (all 75%)
Public Health (N=11)	High School Graduation (81%) Health Insurance Coverage (72%) Air Quality, Smoking (54%)

**Refer to Research Findings Supplement for detailed breakdown.*



RESEARCH OBSERVATIONS: WITHIN SECTORS

Community Development- Focus on housing and other non-medical neighborhood-level determinants

Healthcare- Medical focus but growing focus on SDOH (possibly due to CHNA focus?)

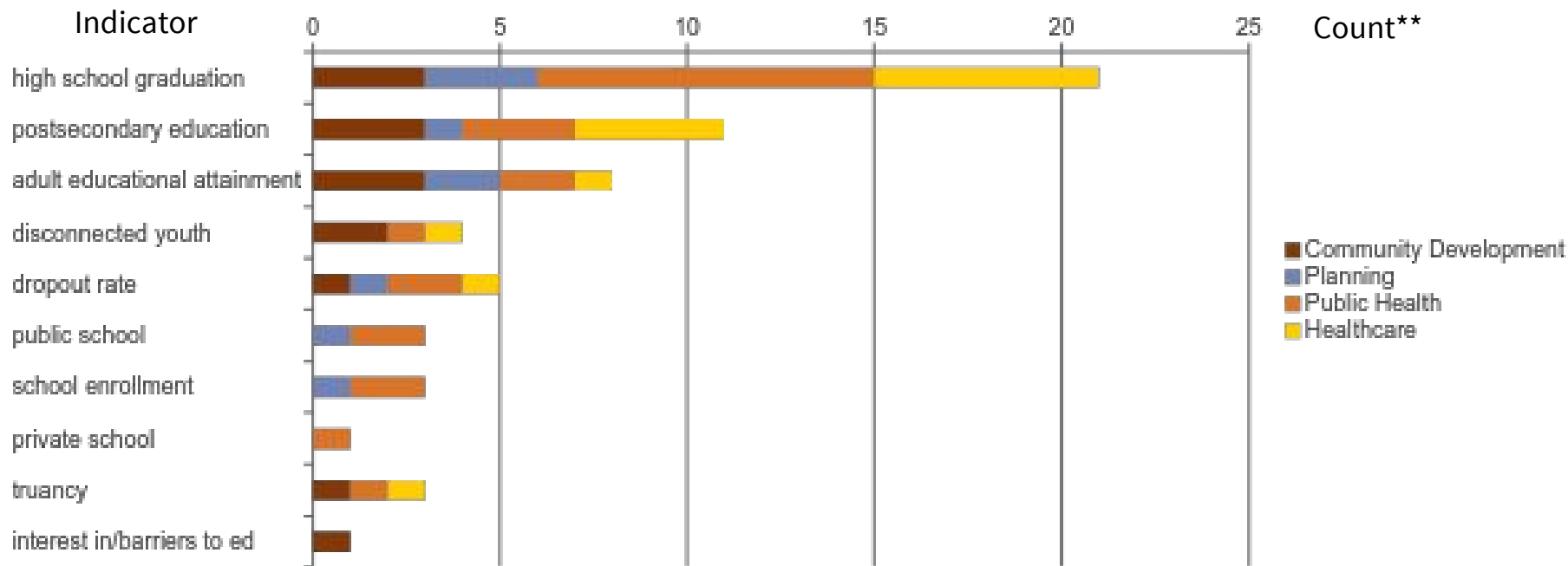
Planning- Focus on housing, food, and physical activity. Notable inclusion of prenatal care, not used in other sectors.

Public Health- Emphasis on individual behaviors more than social determinants



LOOKING ACROSS SECTORS: MOST COMMON EDUCATIONAL ATTAINMENT INDICATORS

One indicator dominates: High School Graduation



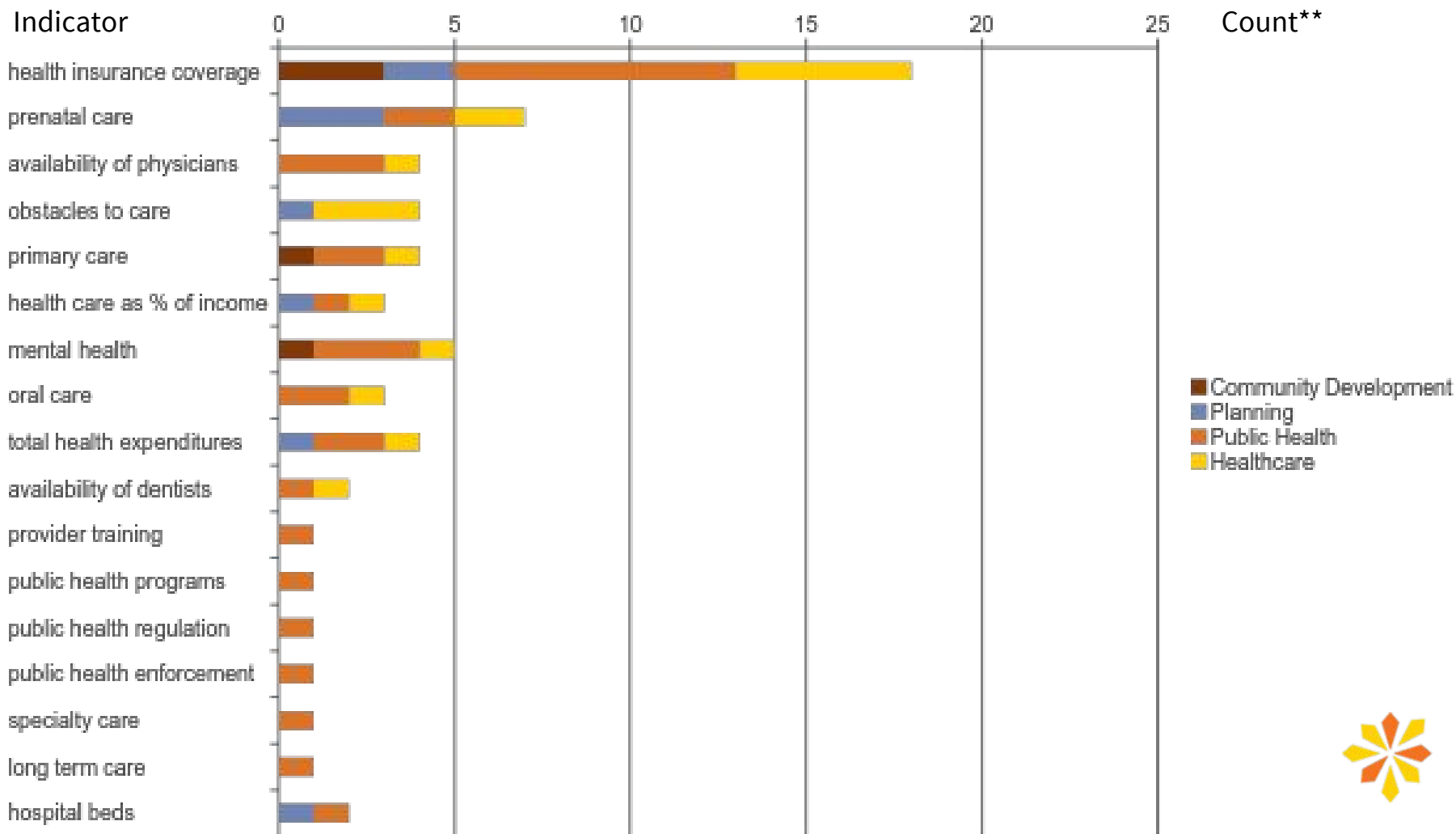
**Note double-counting; some measurement tools fell into more than one sector. Refer to supplemental materials.*

***Count represents number of the 23 measurement tools examined that contained each indicator.*



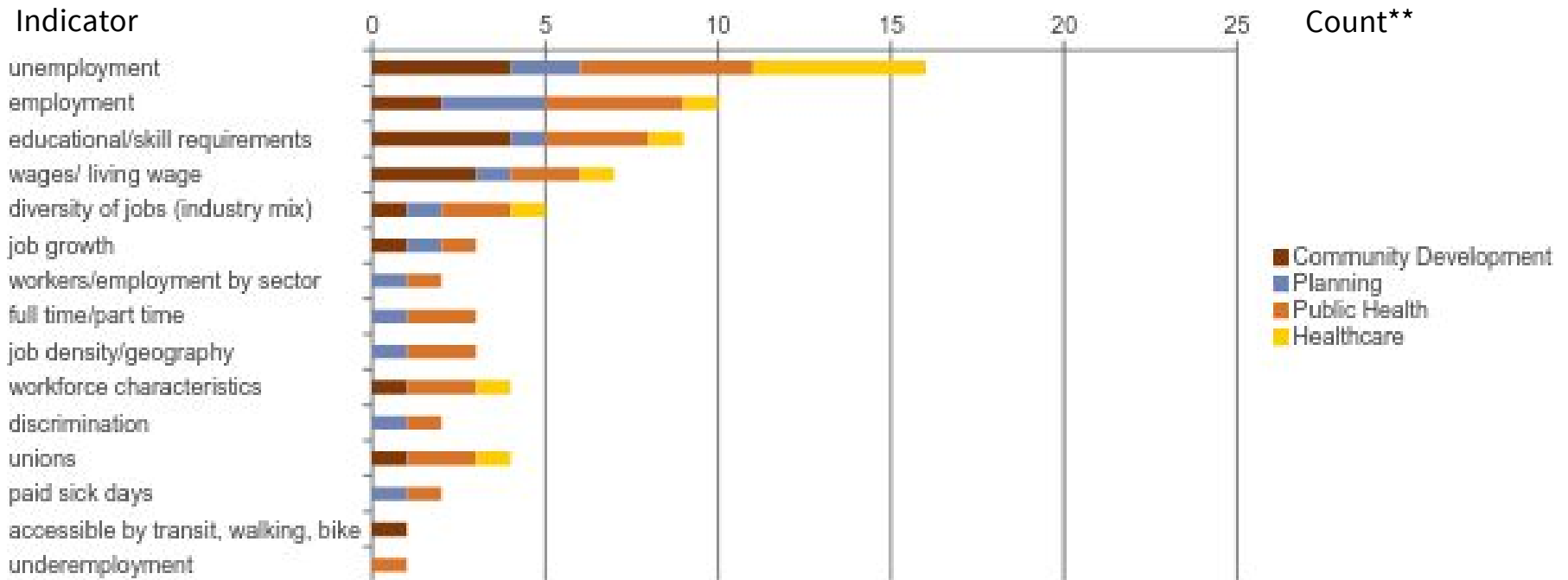
LOOKING ACROSS SECTORS: MOST COMMON HEALTHCARE ACCESS INDICATORS

One indicator dominates: Health Insurance Coverage



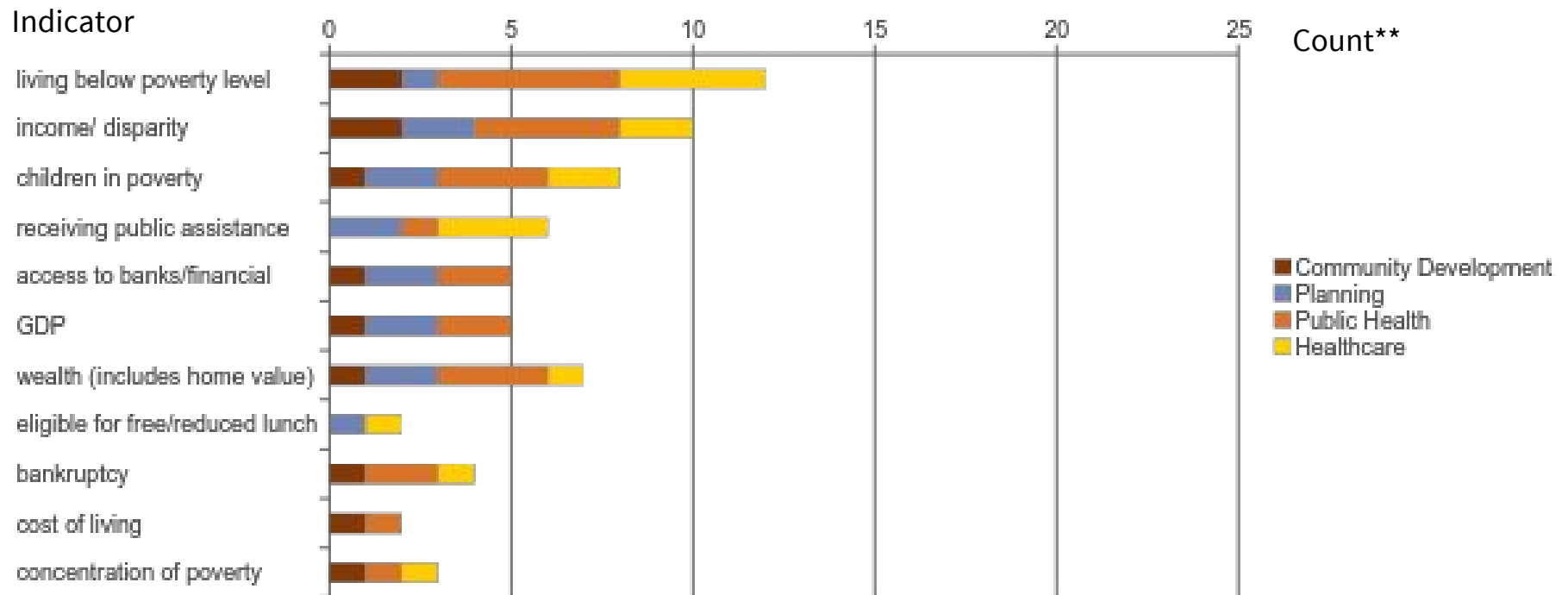
LOOKING ACROSS SECTORS: MOST COMMON JOBS INDICATORS

One indicator dominates: Unemployment



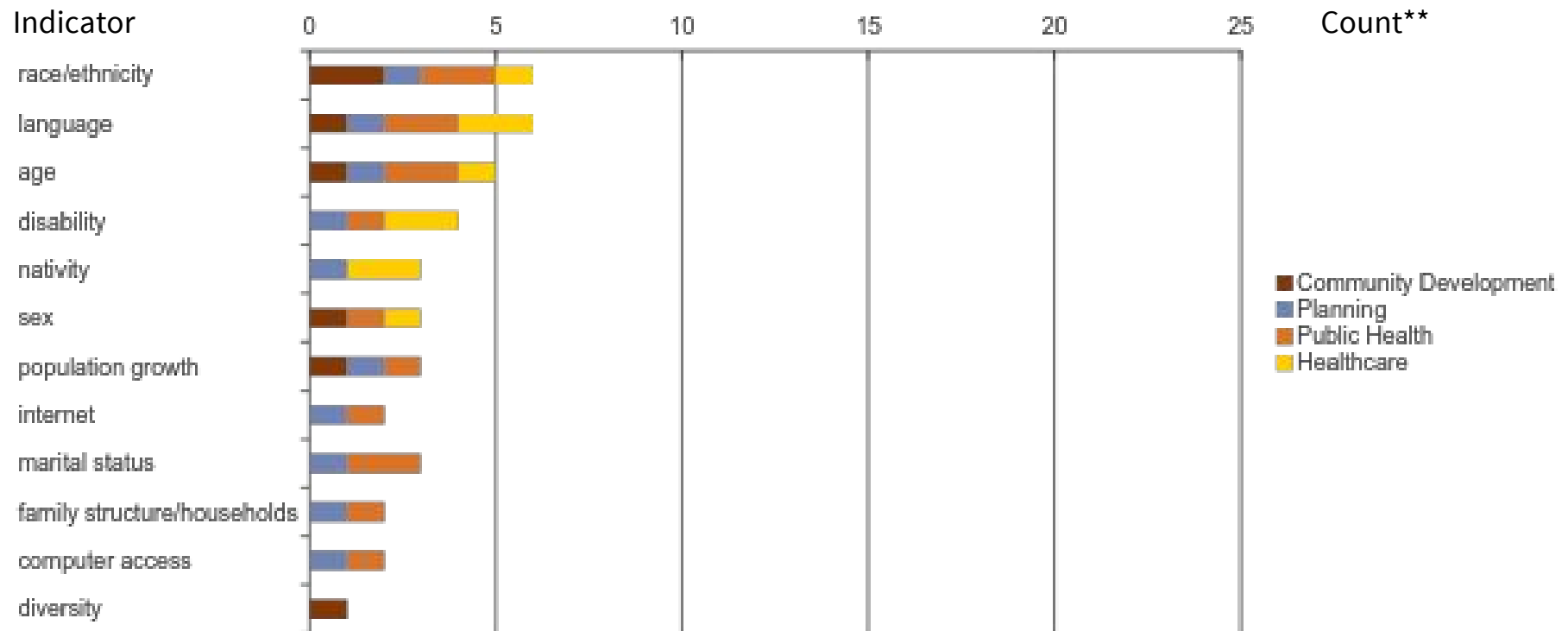
LOOKING ACROSS SECTORS: MOST COMMON FINANCIAL STABILITY INDICATORS

More variability among indicators



LOOKING ACROSS SECTORS: MOST COMMON DEMOGRAPHIC INDICATORS

More variability among indicators



OUTSTANDING QUESTIONS: ACROSS AND WITHIN DETERMINANTS

Why do certain indicators rise to the top by sector?

Should other indicators be emphasized?

Is there an opportunity to identify additional indicators within SDOH domains?

How can we reach consensus about shared indicators while also accounting for local context?



FINDINGS: UNIQUE INDICATORS

UNIQUE INDICATORS

Interesting indicators found in only a single tool that could prove to be useful more broadly across fields. Examples include:

FRAMEWORK/TOOL	INDICATOR	DATA SOURCE
Child Opportunity Index	Home language and linguistic isolation, enrollment in Head Start	Head Start program information reports, Census
Culture of Health Metrics (Robert Wood Johnson Foundation)	Value of cross-sector collaboration, youth exposure to health/unhealthy TV food ads, social spending relative to health expenditures	Not specified, NACCHO Profile Survey; Nielsen Media Research; Better Life Index (RWJ National Survey of Health Attitudes)
Success Measures	Frequency of discussing health with household members and friends, feelings of self-confidence	Data sources require subscription
THRIVE (Prevention Institute)	Community trauma composite measure, architecture designed to increase neighborhood interactions	No dataset provided; suggested measures

PROJECT-SPECIFIC INDICATORS: CHNAs

Review of measurement tools related to community health needs assessments (CHNAs) revealed a surprising level of consistency of indicator use.

Unemployment occurs in all four reviewed tools. The remaining indicators occur in three out of four tools.

TOP INDICATORS (N=4)

- Unemployment
- Cancer Screening
- Drug/Alcohol Abuse
- Health Insurance Coverage
- High School Graduation
- Living Below Poverty Level
- Obstacles to Care
- Public Transit Ridership
- Receiving Public Assistance
- Violent Crime



COMPARING FRAMEWORKS: EQUITY FOCUS

In analyzing measurement tool frameworks for common themes, only three out of 23 tools explicitly mention equity, despite tools having many domains in common

MEASUREMENT TOOL	FRAMEWORK
Community Commons	Economy, education, environment, equity, food, and health
Culture of Health Metrics (Robert Wood Johnson Foundation)	Health a shared value, cross-sector collaboration to improve well-being; healthier, more equitable communities; integration of health services and systems
THRIVE (Prevention Institute)	People, place, equitable opportunity



SUMMARY/
NEXT STEPS

SUMMARY

Consensus is emerging around domains

Single frequently used indicators for domains emerge

Even most common indicators are used in less than three quarters of measurement tools examined

Indicators show substantial variation within and across sectors

Demographic indicators are much less frequently incorporated



NEXT STEPS

PHASE II RESEARCH FOCUS

- 1) **Data requirements:** explore challenges in data collection, sharing, and stewardship, including funding mechanisms for data collection and challenges with geographic scope.
- 2) **Policy landscape:** analyze policies affecting data sharing and collaborative measurement approaches.
- 3) **A shared framework:** help various sectors “see themselves” as part of health measurement with clear goals and purpose. Move beyond sector-based domains and indicators to a common framework.





RENEE ROY ELIAS, PhD

MANAGER OF STRATEGIC PROGRAMS & RESEARCH

relias@buildhealthyplaces.org

ALISON MOORE, MCP/MPH CANDIDATE

RESEARCH ASSOCIATE

alisonfmoore@gmail.com



**Build Healthy
Places Network**

MAIN OFFICE:

870 MARKET STREET, SUITE 1255

SAN FRANCISCO, CA 94102

415.590.3034