HealthyNTexas.org

Platform Features

Jenny Belforte
Director of Client Services
Healthy Communities Institute

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Agenda

1. Welcome and Introductions
2. HCI Background
3. System Configuration
4. Indicators and Data
5. Platform Features and Tools
6. Questions
7. Appendices

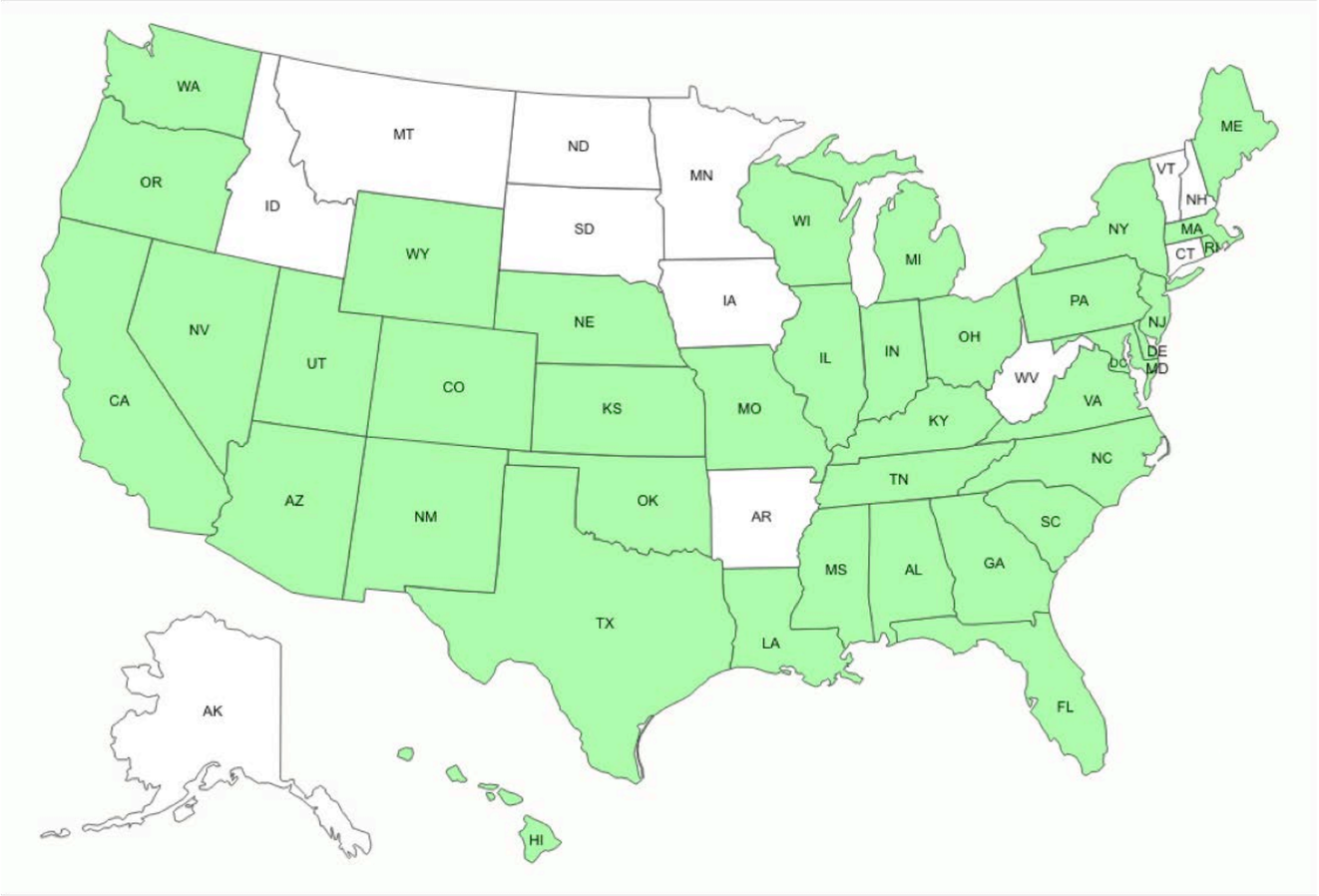
Background and Overview

Healthy Communities Institute

Mission	Improve the health, vitality and environmental sustainability of communities, counties and states
Headquarters	Berkeley, California
Problem	Health data is too decentralized
Approach	Centralize data, make understandable, lead to informed action

Our Reach

- Work in 38 States, 140 active engagements, over 500 partner organizations
- Markets: health departments, hospitals/healthcare delivery, health collaboratives, and any organization assuming risk of populations
- National Knowledge Base and Peer-Learning Network of Population Health Solutions



HealthyNTexas.org

CONDUENT

Your Platform Includes

Technology and support to help you drive and monitor community health improvement

- Support from dedicated Account Manager
- Analytic tools for indicator comparison across geographies and sub-populations
- Data exports
- Targets to track progress towards meeting state and national goals
- Customizable web pages to highlight priorities
- Promising Practices database of best and evidence-based programs
- Regularly updated Funding Opportunities
- SocioNeeds Index to identify areas of greater socioeconomic need
- CHNA Guide to assist you with determining the health needs of your community
- Data Scoring Tool to view data across multiple comparisons

Additional Benefits

More then just a platform

- Ongoing Account Manager training and support
- Access to on demand and live webinars
- Subscription to client email communications
- Access to online client Help Center
- Invitations to national or regional client meetings
- Opportunities to network with other HCI clients

System Configuration

System Configuration

Geography: Counties in Texas: Collin, Cooke, Dallas, Denton, Ellis, Erath, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Wise plus zip codes and census tracts when available from the data source

Website URL: www.HealthyNTexas.org

Local Administrator: Sushma Sharma, DFWHCF

Demographics: US Census Bureau QuickFacts

Indicators and Data

Indicators

Health and quality of life indicators are selected by HCI and used to construct your community dashboard

Selection criteria:

- Data is publicly available from state or national source
- Data reported at county level (region or census tract in some cases)
- Validity of data and data source (appropriate methodology, adequate sample size)
- High likelihood that indicator will be replicated in the future
- Consistency of data availability across counties
- Aligns with national goals for health improvement (Healthy People 2020 objectives)

QuickFacts Demographics Data

- Approximately 70 demographic elements viewable at the county and state level
- Includes population, housing, economy, business, and geography data
- Data provided by US Census Bureau

Demographics

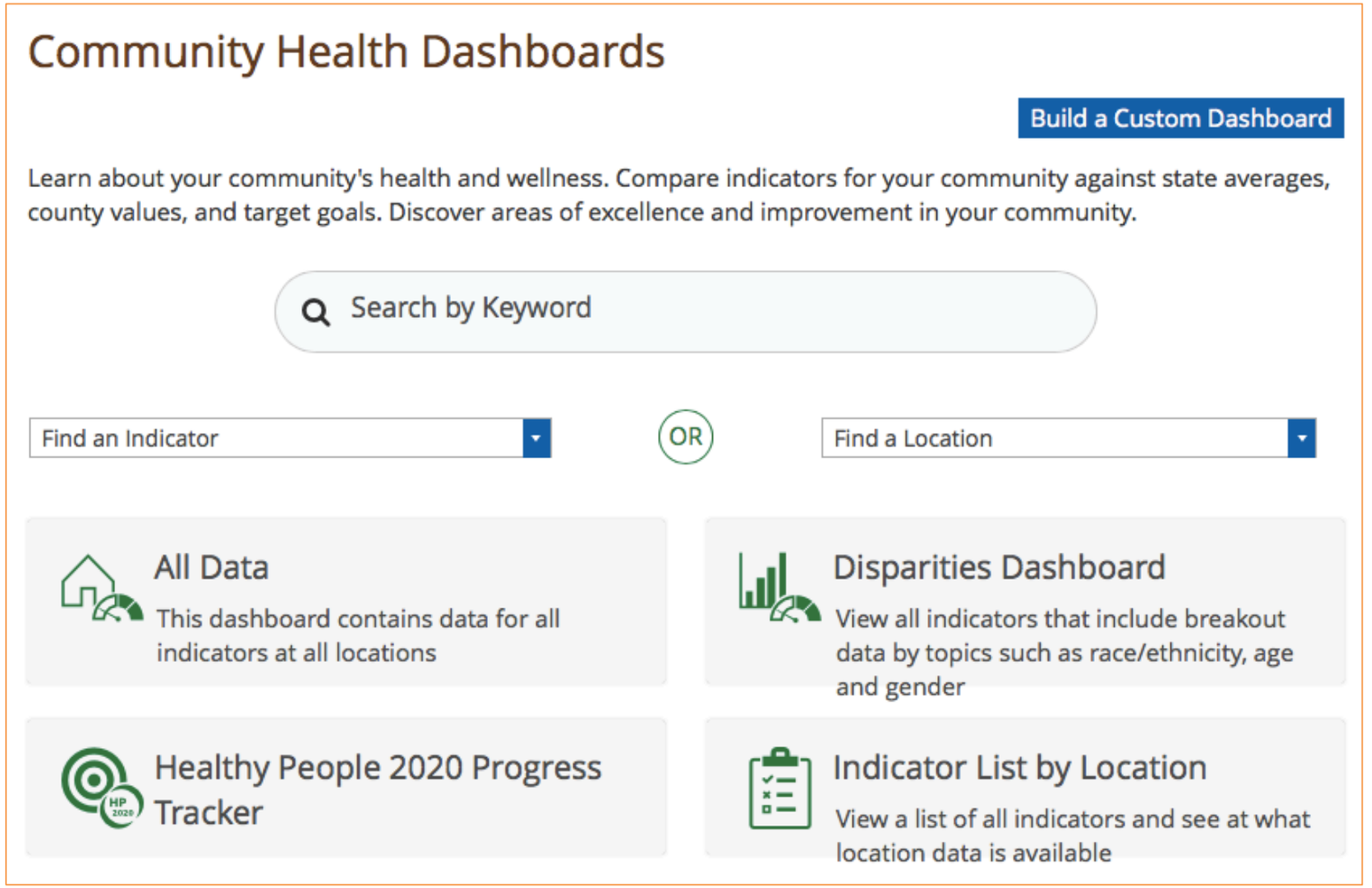
Location: Dallas

County: Dallas

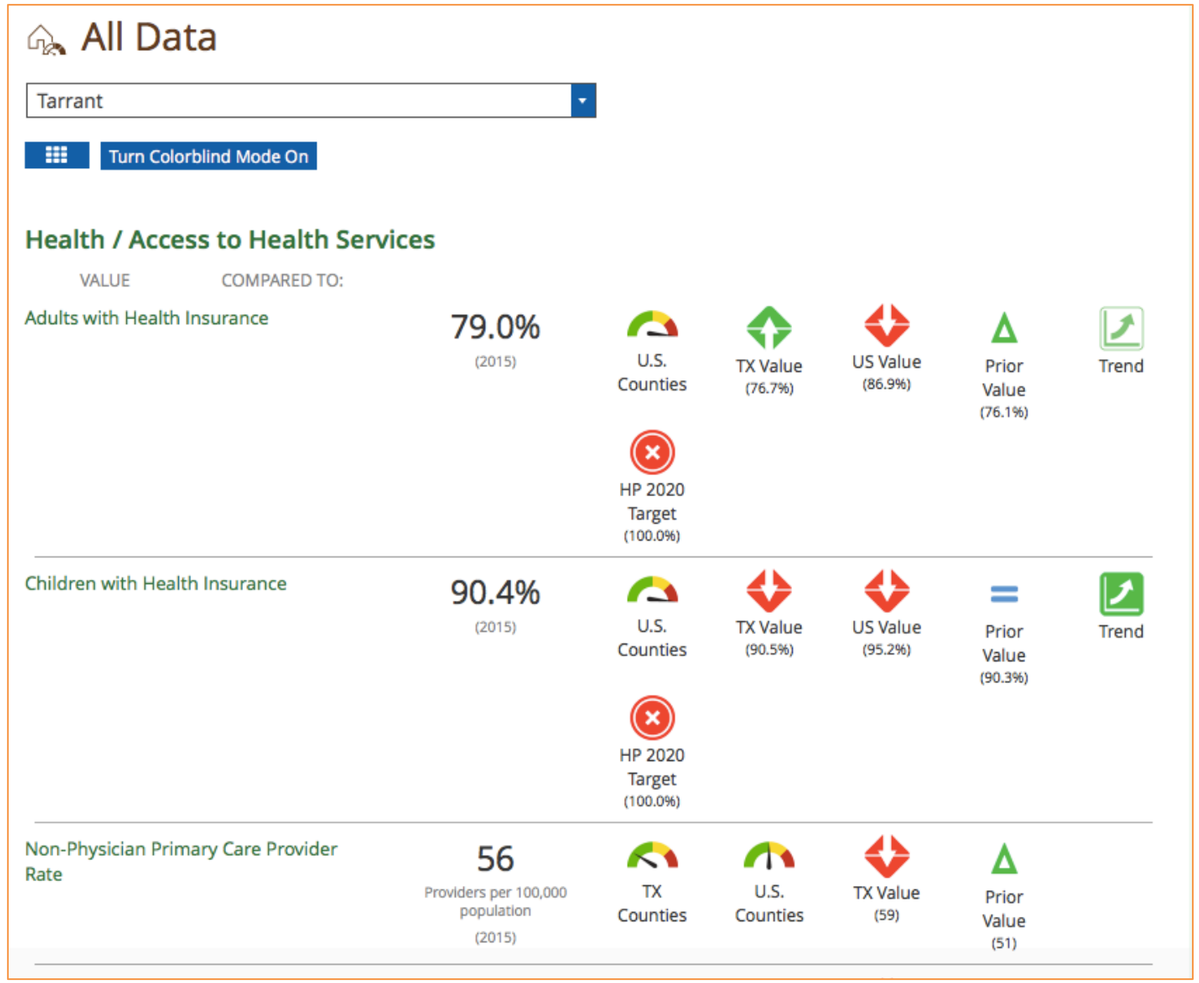
	Dallas	Texas
People		
Population		
Population estimates, July 1, 2015, (V2015)	2,553,385	27,469,114
Population estimates base, April 1, 2010, (V2015)	2,367,643	25,146,105
Population, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015)	7.8%	9.2%
Population, Census, April 1, 2010	2,368,139	25,145,561
Age and Sex		
Persons under 5 years, percent, July 1, 2015, (V2015)	7.7%	7.2%
Persons under 5 years, percent, April 1, 2010	8.1%	7.7%
Persons under 18 years, percent, July 1, 2015, (V2015)	26.7%	26.3%
Persons under 18 years, percent, April 1, 2010	27.6%	27.3%
Persons 65 years and over, percent, July 1, 2015, (V2015)	9.9%	11.7%
Persons 65 years and over, percent, April 1, 2010	8.8%	10.3%
Female persons, percent, July 1, 2015, (V2015)	50.8%	50.4%
Female persons, percent, April 1, 2010	50.6%	50.4%
Race and Hispanic Origin		
White alone, percent, July 1, 2015, (V2015) (a)	67.7%	79.7%
White alone, percent, April 1, 2010 (a)	53.5%	70.4%
Black or African American alone, percent, July 1, 2015, (V2015) (a)	23.1%	12.5%
Black or African American alone, percent, April 1, 2010 (a)	22.3%	11.8%
American Indian and Alaska Native alone, percent, July 1, 2015, (V2015) (a)	1.1%	1.0%
American Indian and Alaska Native alone, percent, April 1, 2010 (a)	0.7%	0.7%
Asian alone, percent, July 1, 2015, (V2015) (a)	6.2%	4.7%

Platform Features and Tools

Dashboard Homepage

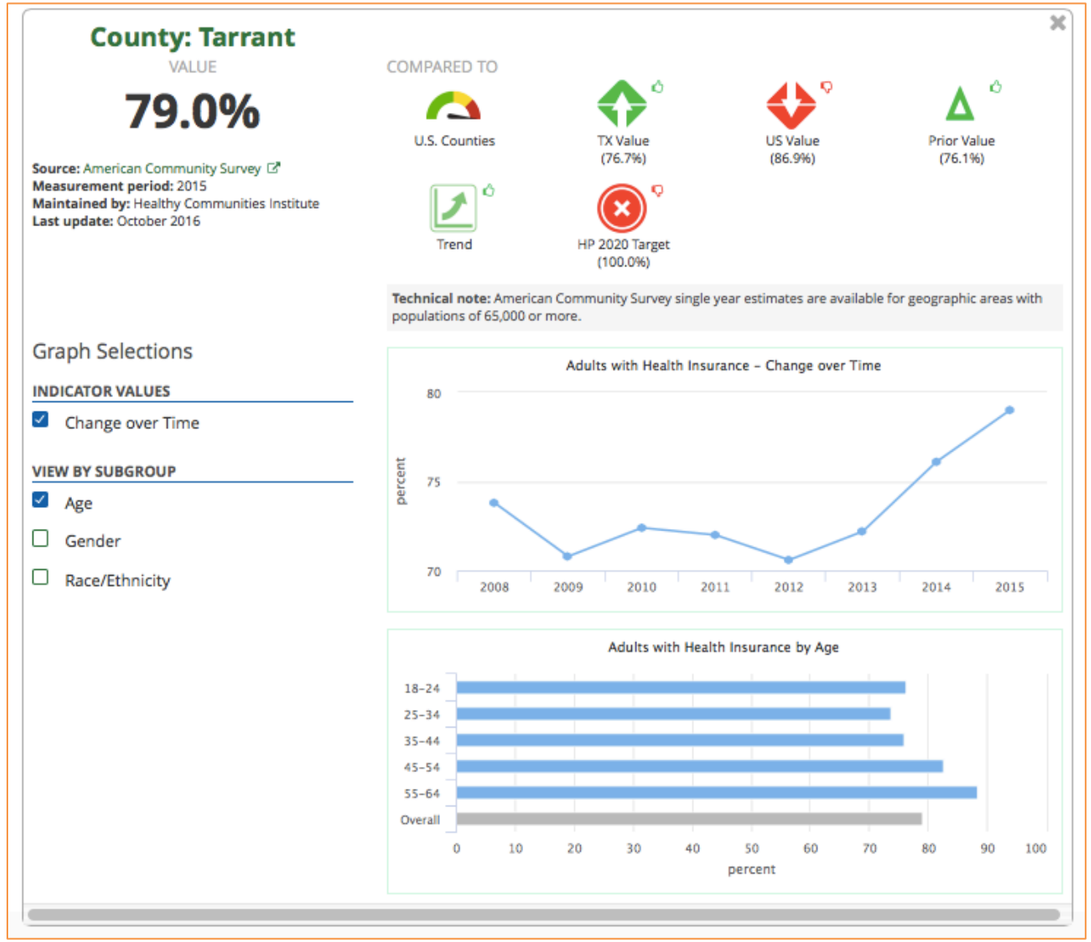


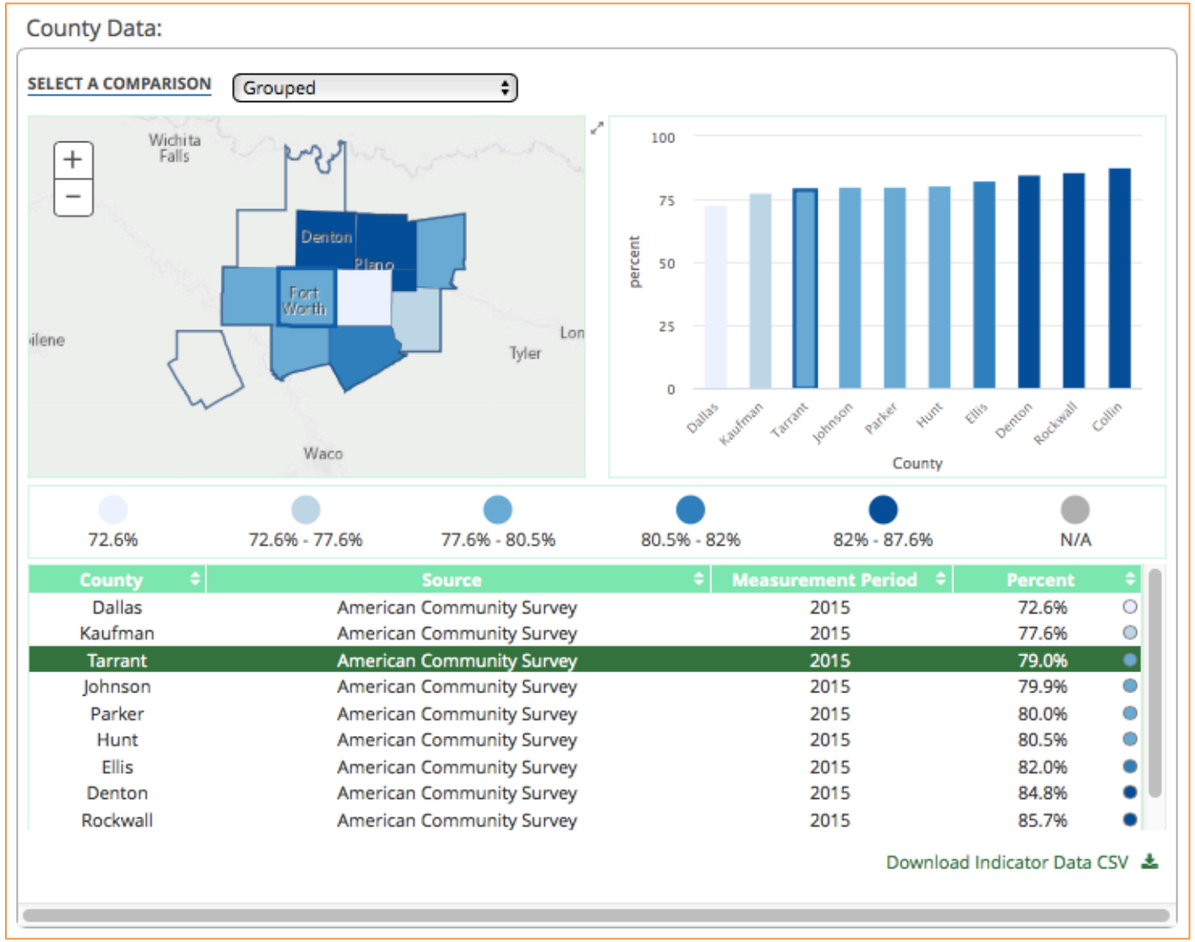
Community Dashboard



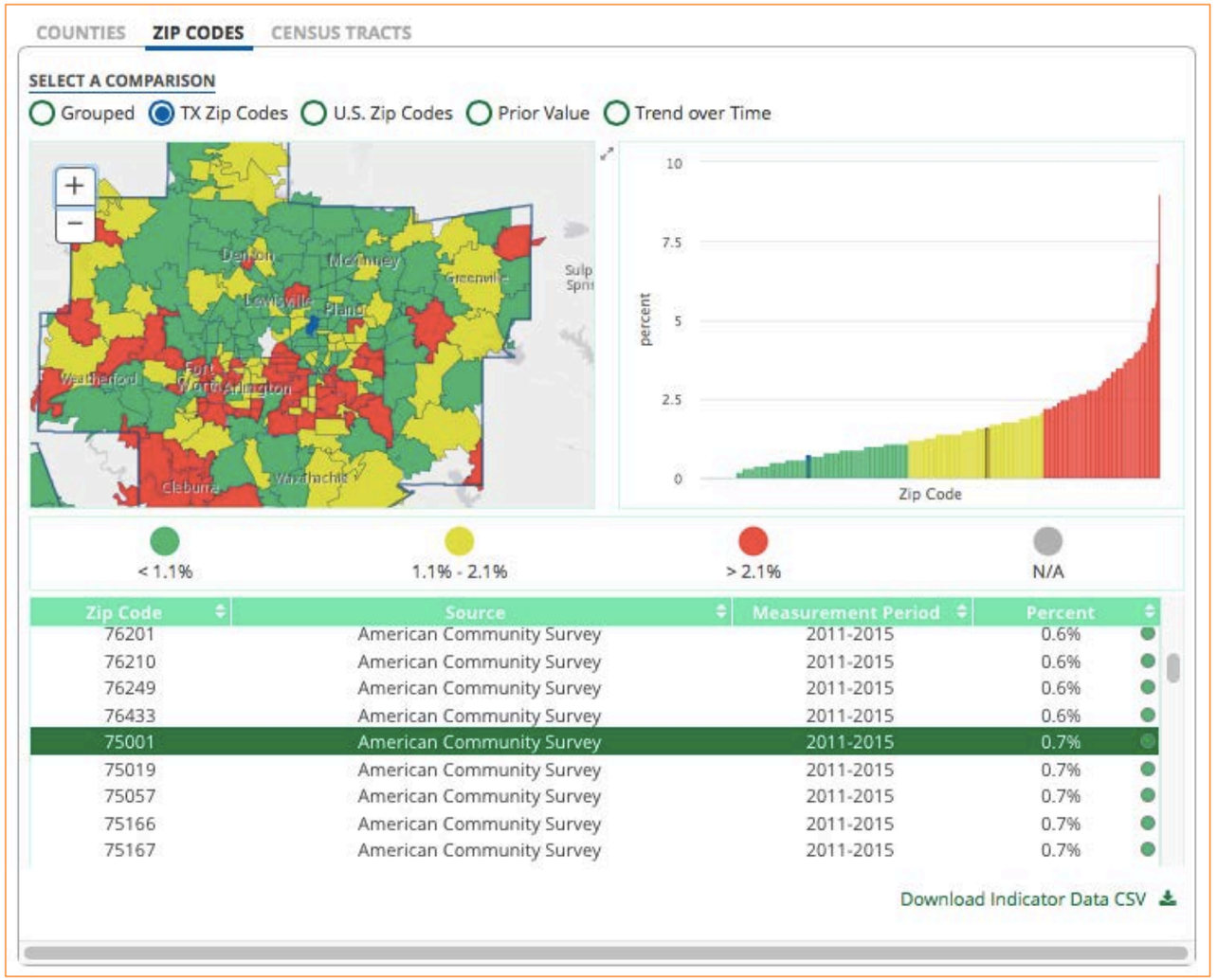
100-200 Health and Quality of Life Indicators used by communities to identify areas for improvement

Indicator Detail Page (County View)



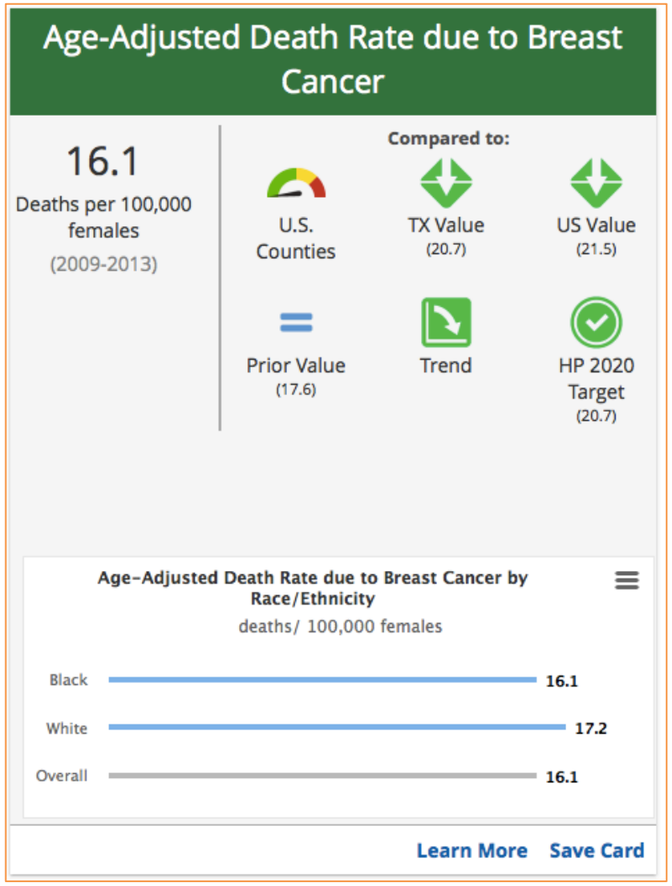


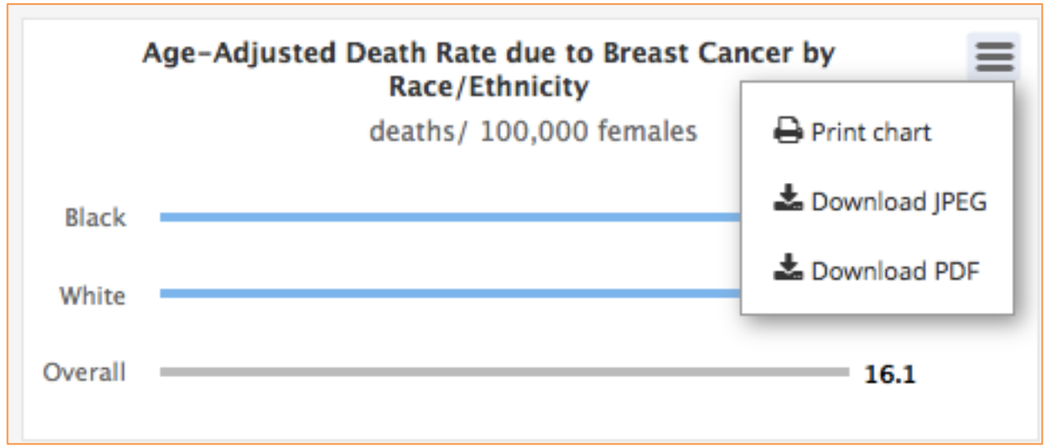
Indicator Detail Page (ZIP Code View)



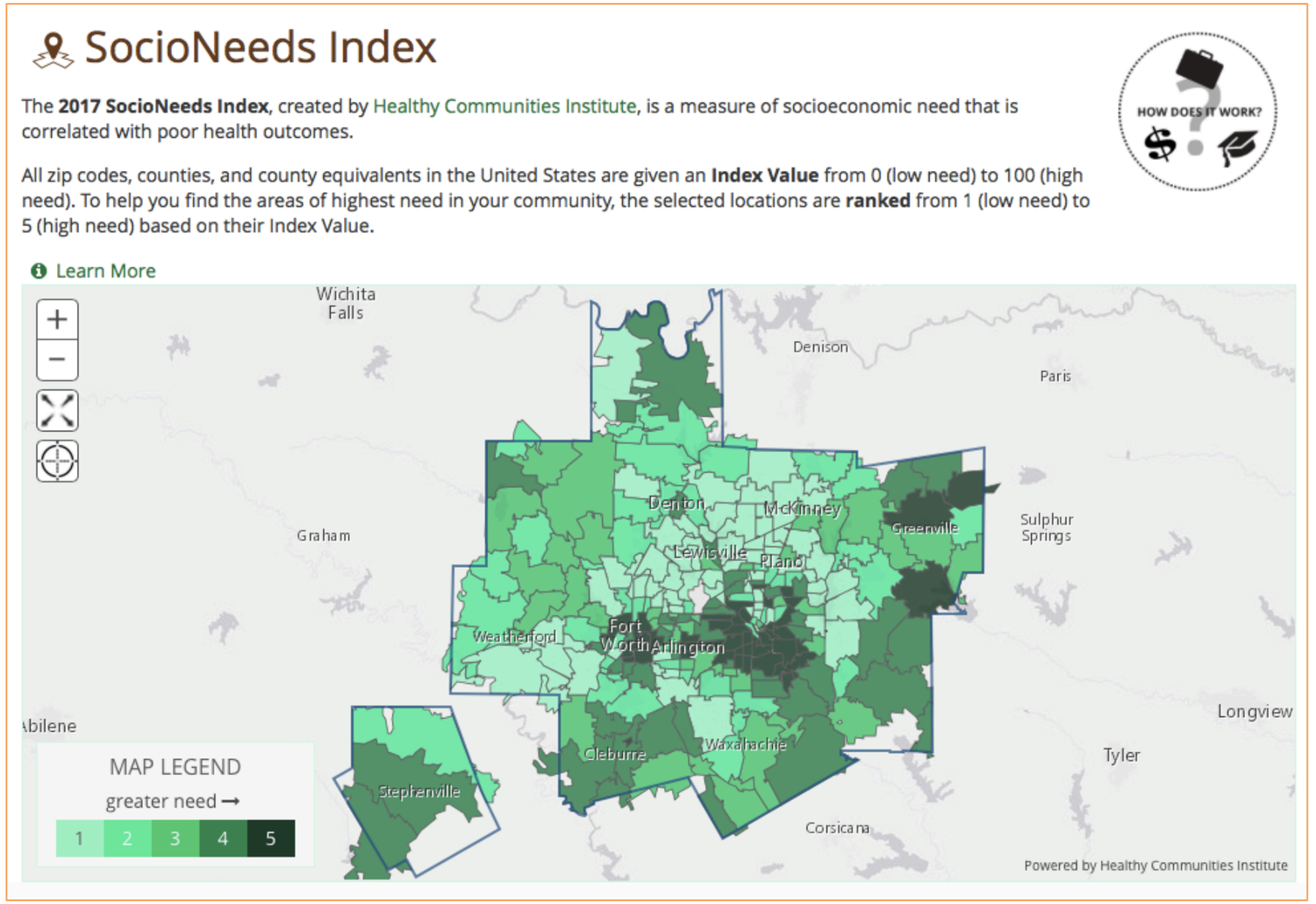
Indicators – Export Ability

Allows you to learn more and save indicators

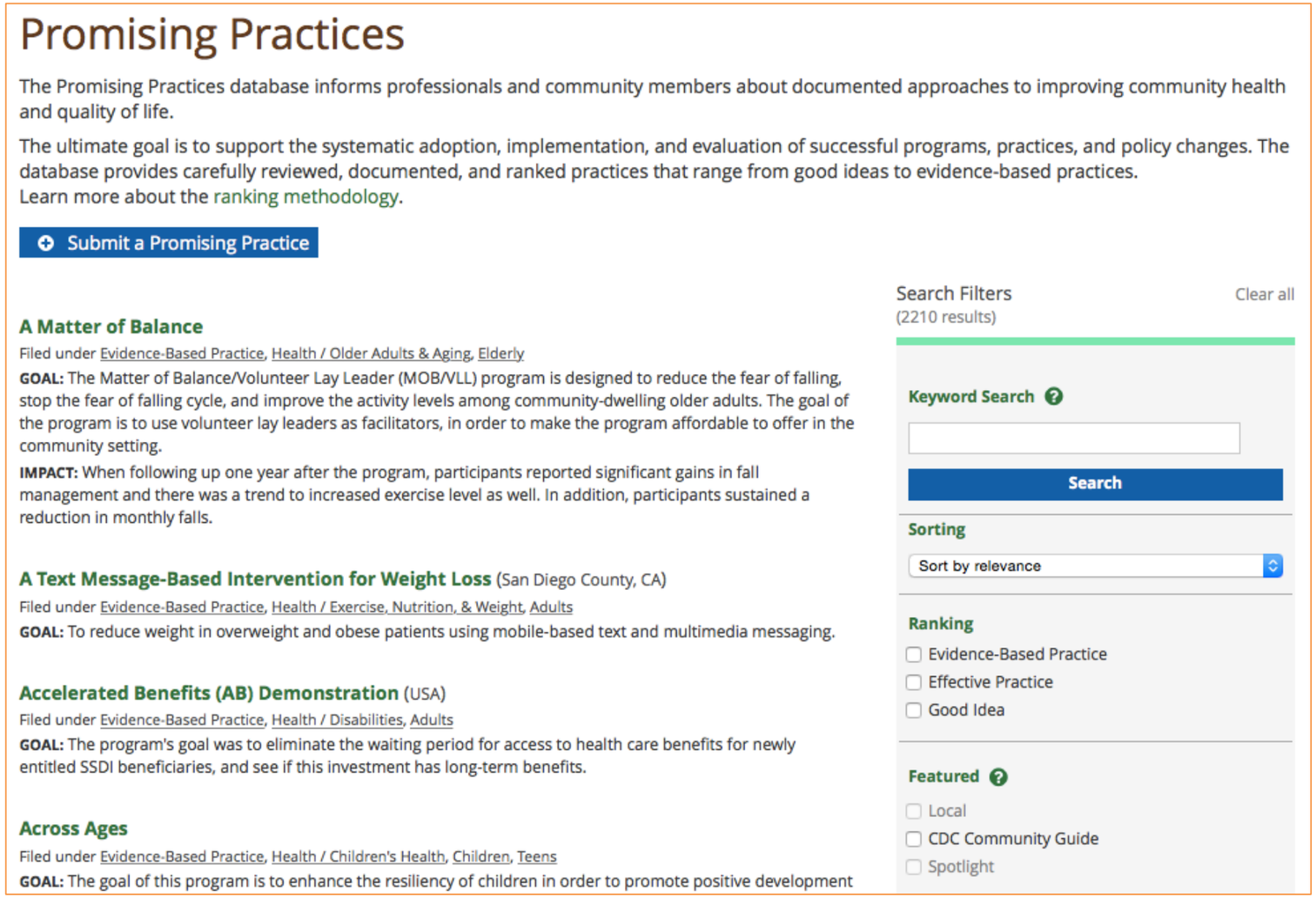




SocioNeeds Index



Promising Practices



Promising Practices

The Promising Practices database informs professionals and community members about documented approaches to improving community health and quality of life.

The ultimate goal is to support the systematic adoption, implementation, and evaluation of successful programs, practices, and policy changes. The database provides carefully reviewed, documented, and ranked practices that range from good ideas to evidence-based practices.
Learn more about the ranking methodology.

Submit a Promising Practice

A Matter of Balance

Filed under Evidence-Based Practice, Health / Older Adults & Aging, Elderly

GOAL: The Matter of Balance/Volunteer Lay Leader (MOB/VLL) program is designed to reduce the fear of falling, stop the fear of falling cycle, and improve the activity levels among community-dwelling older adults. The goal of the program is to use volunteer lay leaders as facilitators, in order to make the program affordable to offer in the community setting.

IMPACT: When following up one year after the program, participants reported significant gains in fall management and there was a trend to increased exercise level as well. In addition, participants sustained a reduction in monthly falls.

A Text Message-Based Intervention for Weight Loss (San Diego County, CA)

Filed under Evidence-Based Practice, Health / Exercise, Nutrition, & Weight, Adults

GOAL: To reduce weight in overweight and obese patients using mobile-based text and multimedia messaging.

Accelerated Benefits (AB) Demonstration (USA)

Filed under Evidence-Based Practice, Health / Disabilities, Adults

GOAL: The program's goal was to eliminate the waiting period for access to health care benefits for newly entitled SSDI beneficiaries, and see if this investment has long-term benefits.

Across Ages

Filed under Evidence-Based Practice, Health / Children's Health, Children, Teens

GOAL: The goal of this program is to enhance the resiliency of children in order to promote positive development

Search Filters (2210 results) Clear all

Keyword Search

Search

Sorting

Sort by relevance

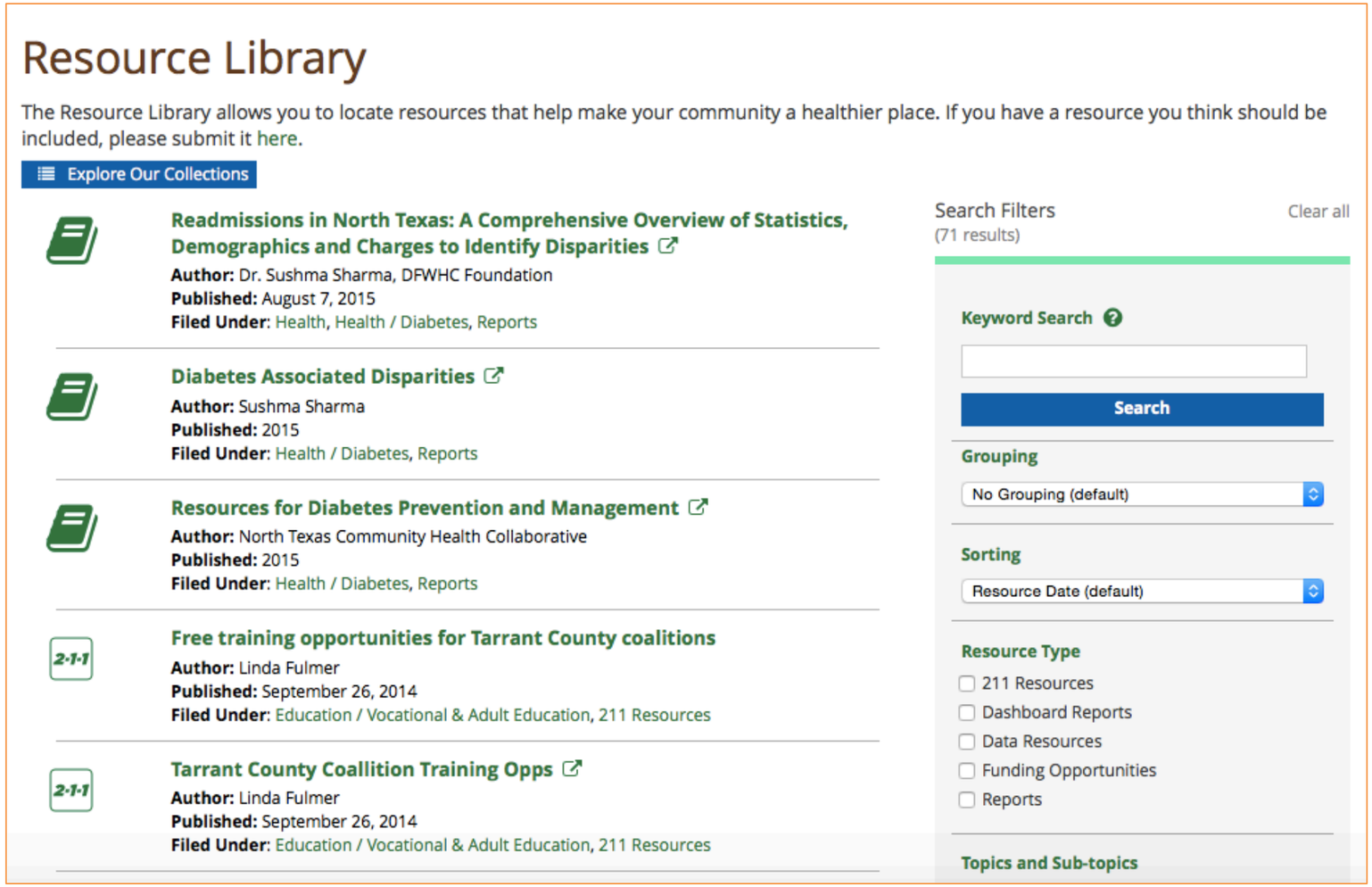
Ranking

- Evidence-Based Practice
- Effective Practice
- Good Idea

Featured

- Local
- CDC Community Guide
- Spotlight

Resource Library



CHNA Guide

Community Health Needs Assessment Guide

Use this guide to help you conduct your community health needs assessment and develop an implementation strategy. Within each section you will find valuable tools as well as hand-selected resources to help your efforts.

Choose one of the steps below to learn more:

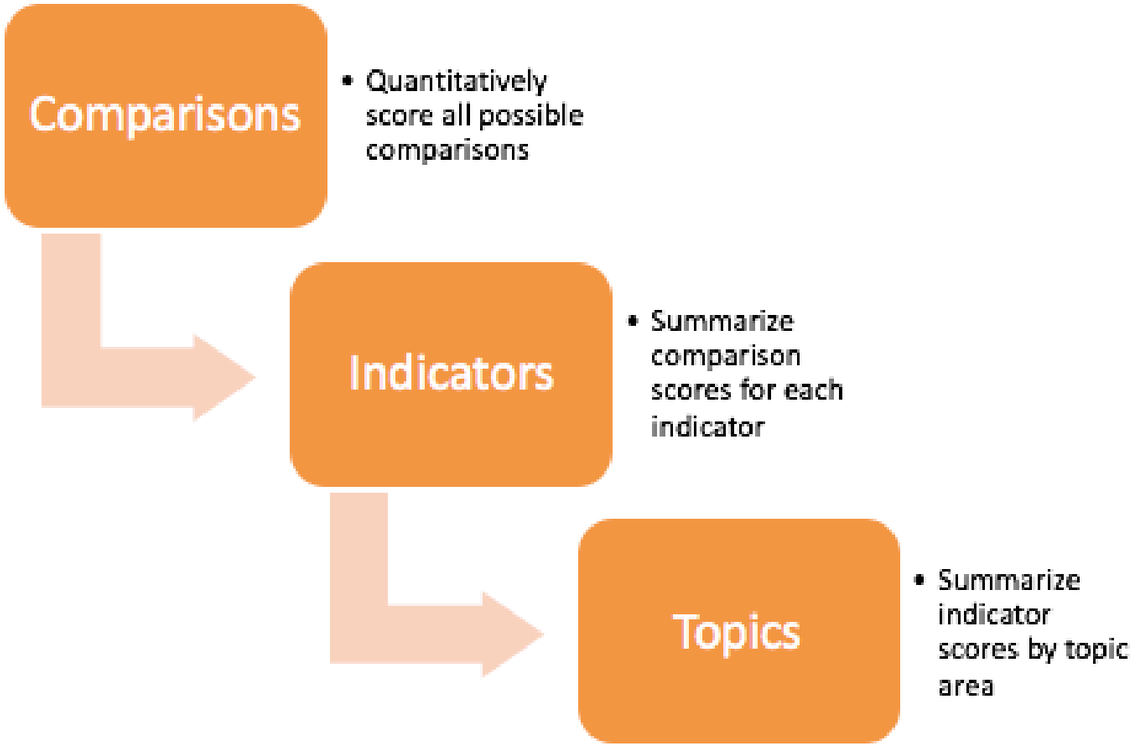
Assess

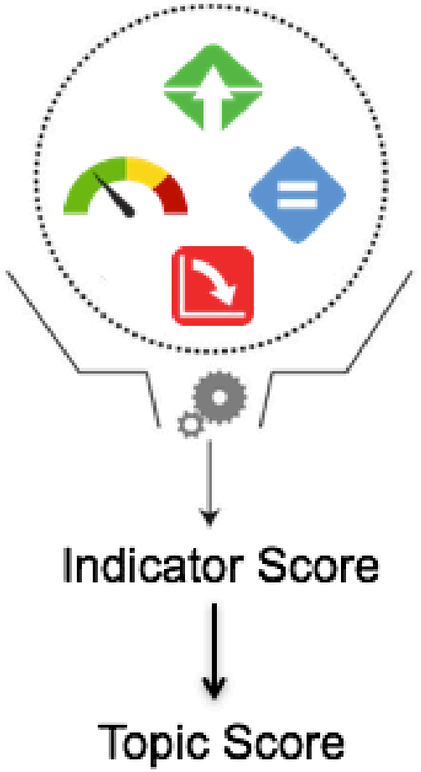
Prioritize

Design

Conducting a Community Health Needs Assessment for the IRS? Use our IRS Checklist

Data Scoring Tool

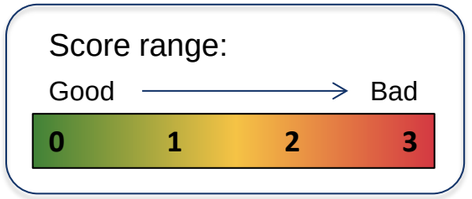




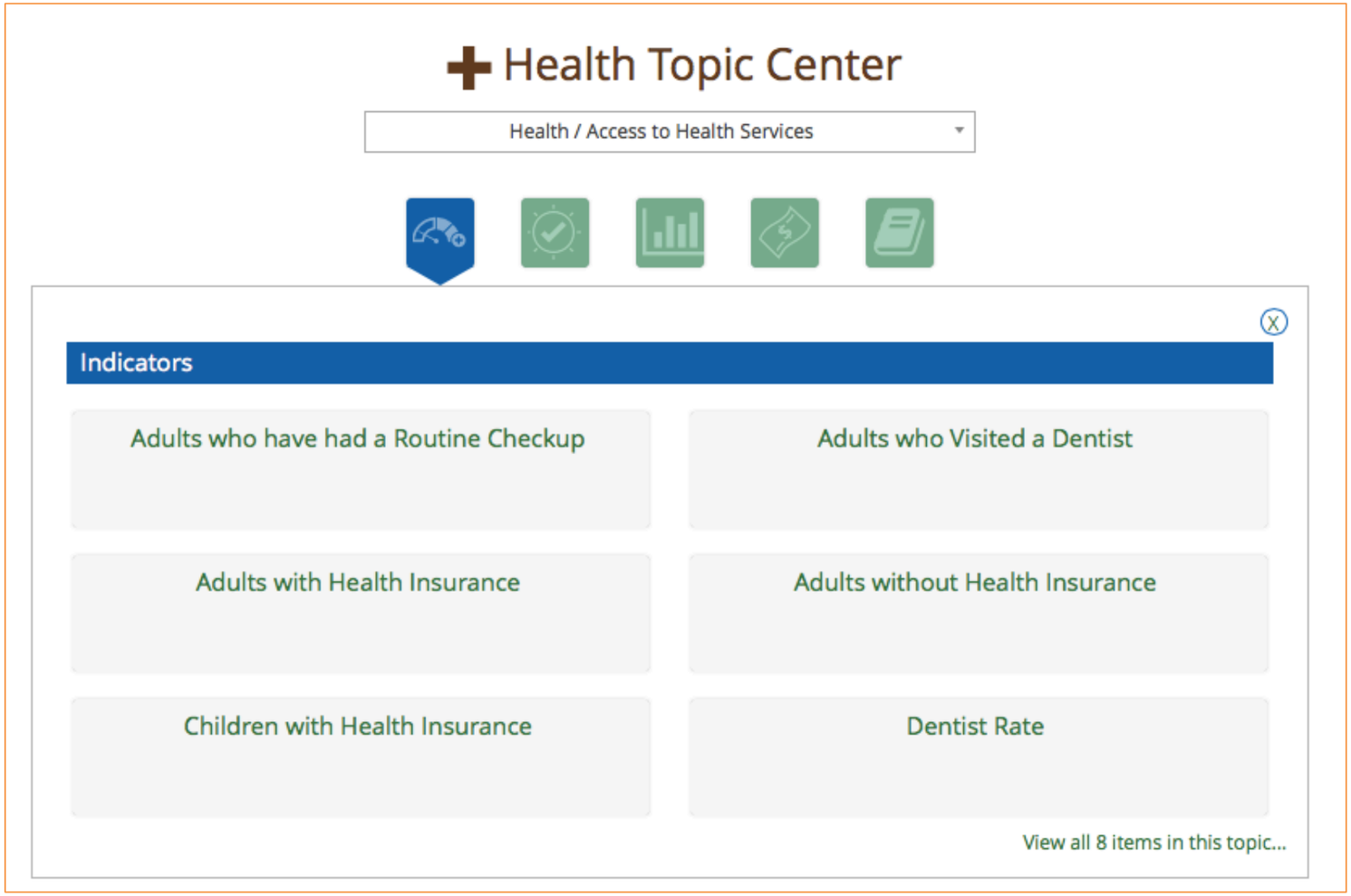
Data Scoring

Health Topic	Score
Other Chronic Diseases	2.54
Mental Health & Mental Disorders	2.26
Older Adults & Aging	1.99
Heart Disease & Stroke	1.66
Children's Health	1.65
Diabetes	1.59
Other Conditions	1.58
Women's Health	1.56
Exercise, Nutrition, & Weight	1.54
Maternal, Fetal & Infant Health	1.52
Respiratory Diseases	1.51
Cancer	1.50
Immunizations & Infectious Diseases	1.49
Access to Health Services	1.49
Oral Health	1.49
Men's Health	1.36
Substance Abuse	1.29
Wellness & Lifestyle	1.26
Prevention & Safety	1.13

Quality of Life Topic	Score
Transportation	1.83
Social Environment	1.55
Economy	1.51
Environment	1.50
Education	1.39



Topic Centers



Questions?

Jennifer Belforte
jennifer.belforte@conduent.com

Appendices

Appendix A: Core Indicator List Methodology

- The framework for indicator selection within the Health category is based on the Health and Human Services' (HHS) Healthy People initiative. Healthy People establishes science-based national objectives for improving the health of the nation. The initiative establishes benchmarks every ten years and tracks progress toward these achievable goals. This framework encourages collaboration across sectors and allows communities to track important health and quality of life indicators focusing on general health status, health-related quality of life and well-being, determinants of health and disparities
- The Health subcategories are based on the Healthy People framework, and multiple indicators across the health sub-topics that correspond with Healthy People targets have been chosen (based on data availability, reliability and validity from the source)
- Hospital utilization indicators are based on the Agency for Healthcare Research and Quality (AHRQ)'s Prevention Quality Indicators (PQIs), which are a set of definitions for preventable causes of admission. These measures can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care sensitive conditions." These indicators are important for communities to identify where prevention needs to be focused and can help lead to evidence-based community benefit planning. Ambulatory care sensitive conditions are also tracked by Healthy People
- Indicators in the other categories were selected according to national consensus and feedback from a wide set of advisors, public health officials, health departments, and local stakeholders from various sectors in the community. For example, the education indicators are based on the National Center for Health Research and Statistics and United Way of America, and the standards and goals they set forth to help track educational attainment in the U.S. Economic indicators were selected in conjunction with economic development and chamber of commerce input. All of the selected indicators have gone through a vetting process where CHS's advisory board, as well as stakeholders in communities who have implemented CHS products, provide feedback to refine the core indicators in order to best reflect local priorities
- The indicator selection process evolves over time with changing health priorities, new research models and national benchmarks. CHS continues to incorporate models and standards from nationally recognized institutions such HHS's Healthy People, AHRQ's PQI's, EPA Air Quality standards, National Center for Education Research and Statistics' priorities, United Way, and United States Department of Agriculture's Food Atlas, among many others

Indicator Comparisons

COMPARED TO

CA Counties

CA Value
(81.2%)

US Value
(86.9% in 2015)

Prior Value
(89.2%)

Trend

HP 2020 Target
(100.0%)

Legend

Can be viewed by clicking on the “See the Legend” tab.

The gauge represents the **distribution** of communities reporting the data, and tells you how you compare to other communities. Keep in mind that in some cases, high values are "good" and sometimes high values are "bad."

Green represents the "best" 50th percentile.

Yellow represents the 50th to 25th quartile.

Red represents the "worst" quartile.

Our icons are color-coded. Green is good. Red is bad. Blue is neither.

The circle represents a comparison to a **target value**.

The current value has met, or is better than the target value.

The current value not met the target value.

The diamond represents a comparison to a **single value**.

The current value is lower than the comparison value.

The current value is higher than the comparison value.

The current value is not statistically different from the comparison value.

The square represents the measured **trend**.

There has been a non-significant increase over time.

There has been a non-significant decrease over time.

There has been a significant increase over time.

There has been a significant decrease over time.

There has been neither a statistically significant increase nor decrease over time.

The triangle represents a comparison to a **prior value**.

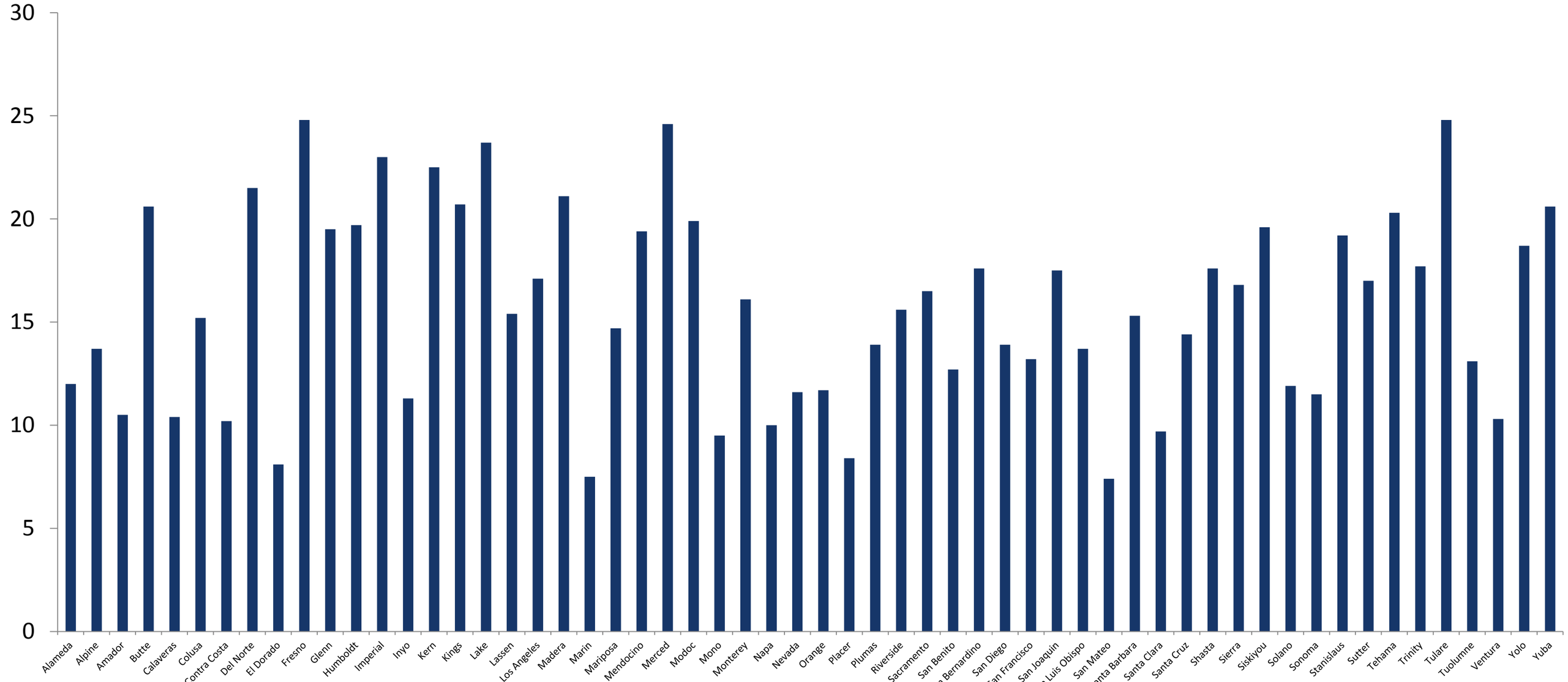
The current value is higher than the previously measured value.

The current value is lower than the previously measured value.

The current value is not statistically different from the previously measured value.

Calculating Compare to Distribution

Percent of People Living Below Poverty
California counties, 2008-2012



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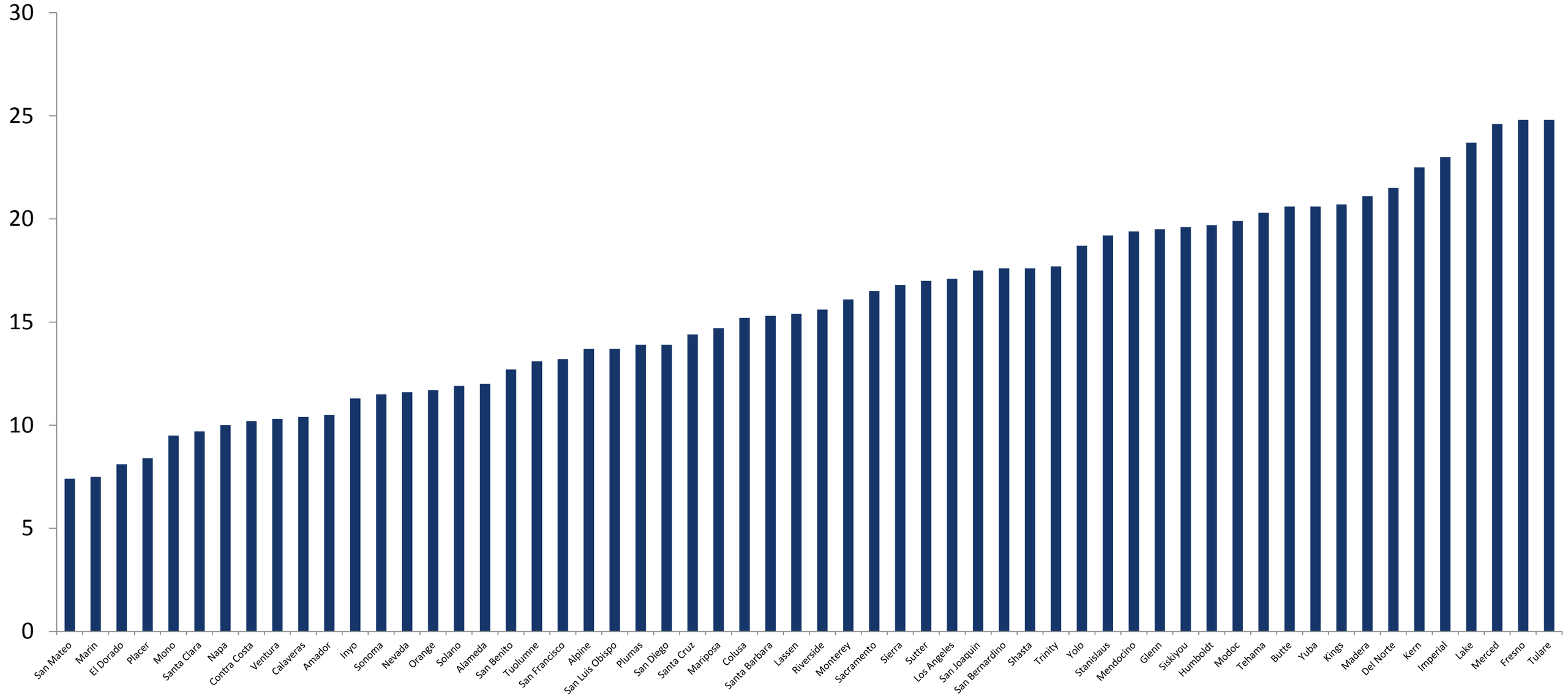

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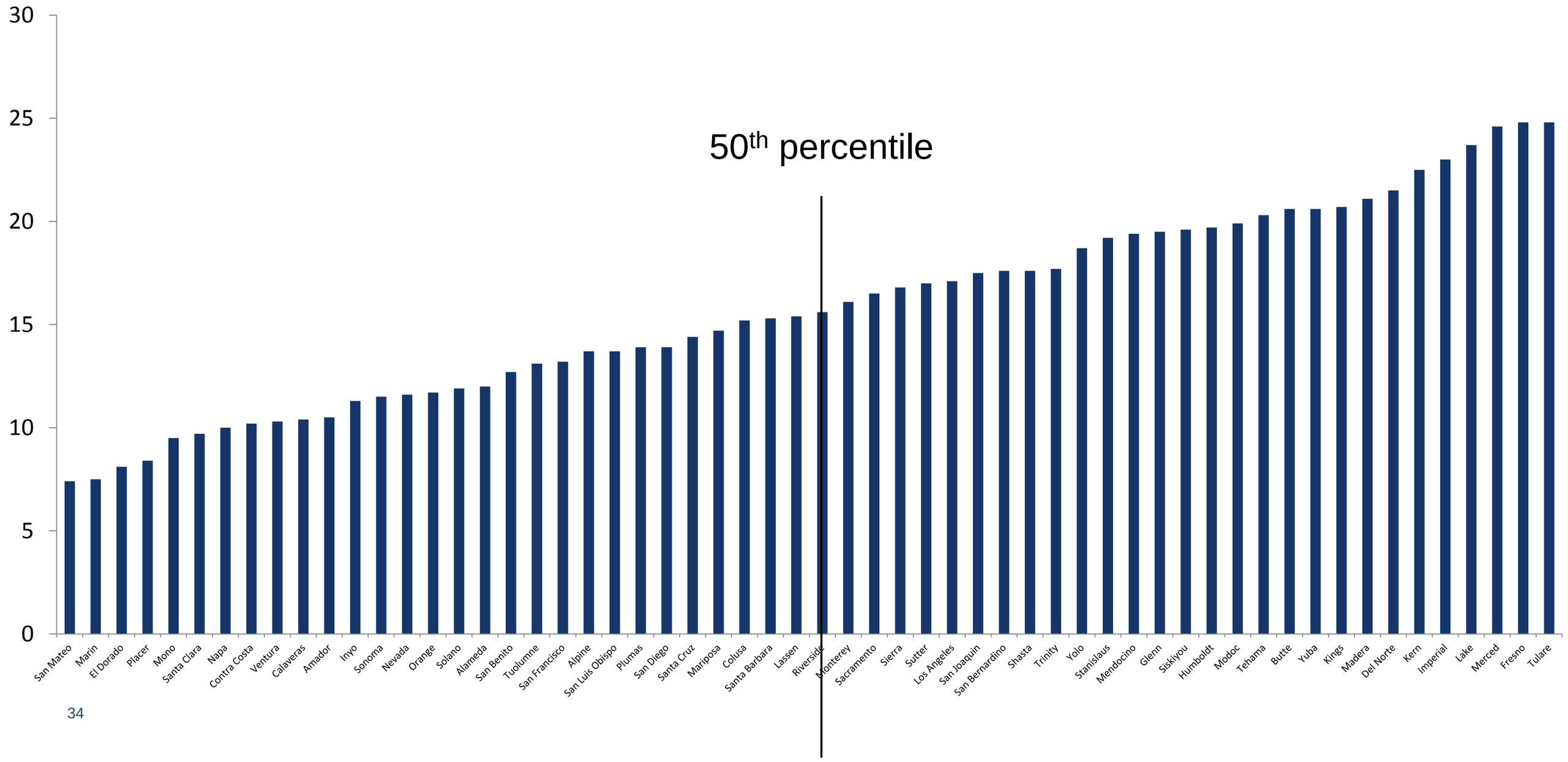

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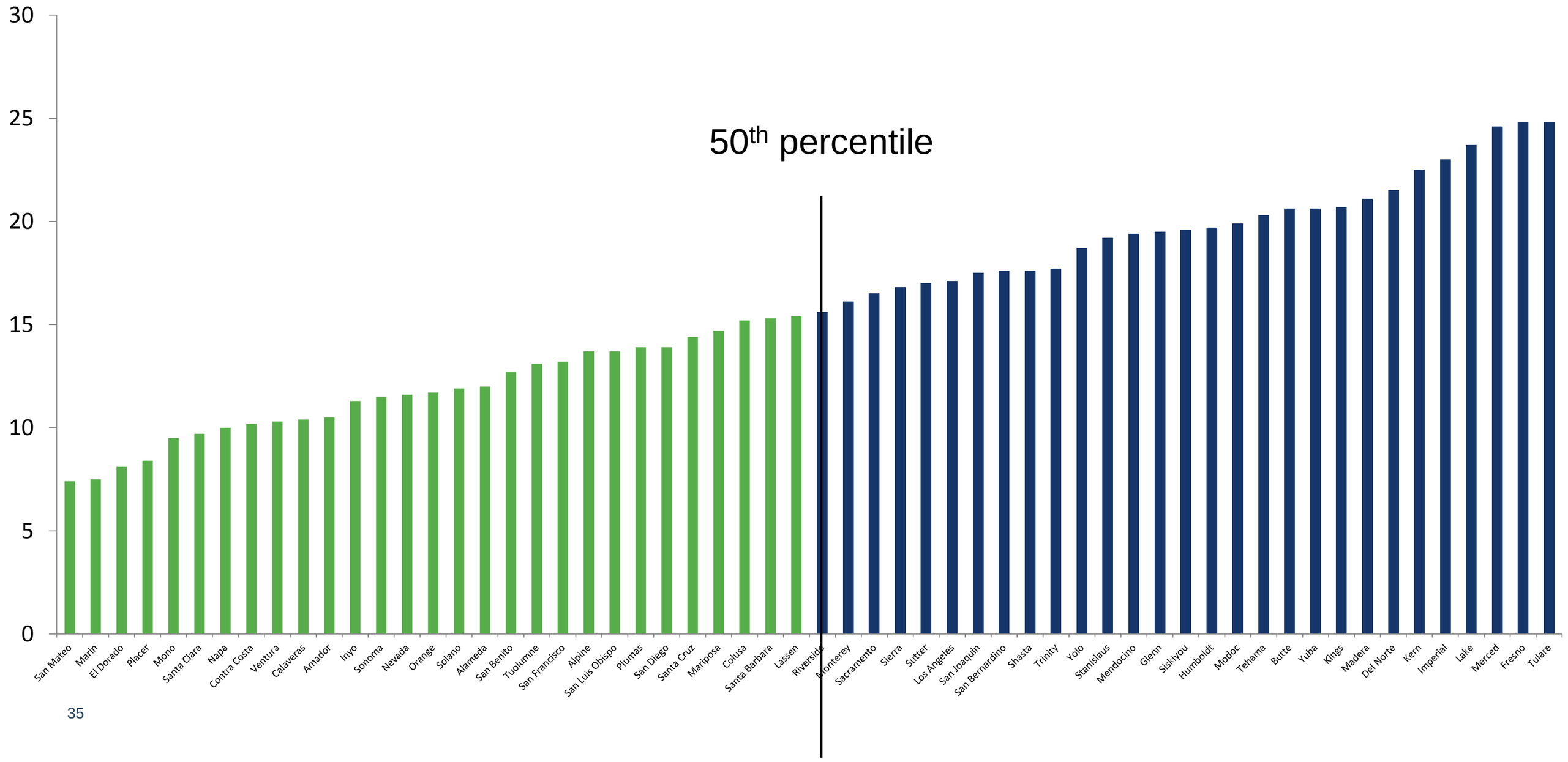

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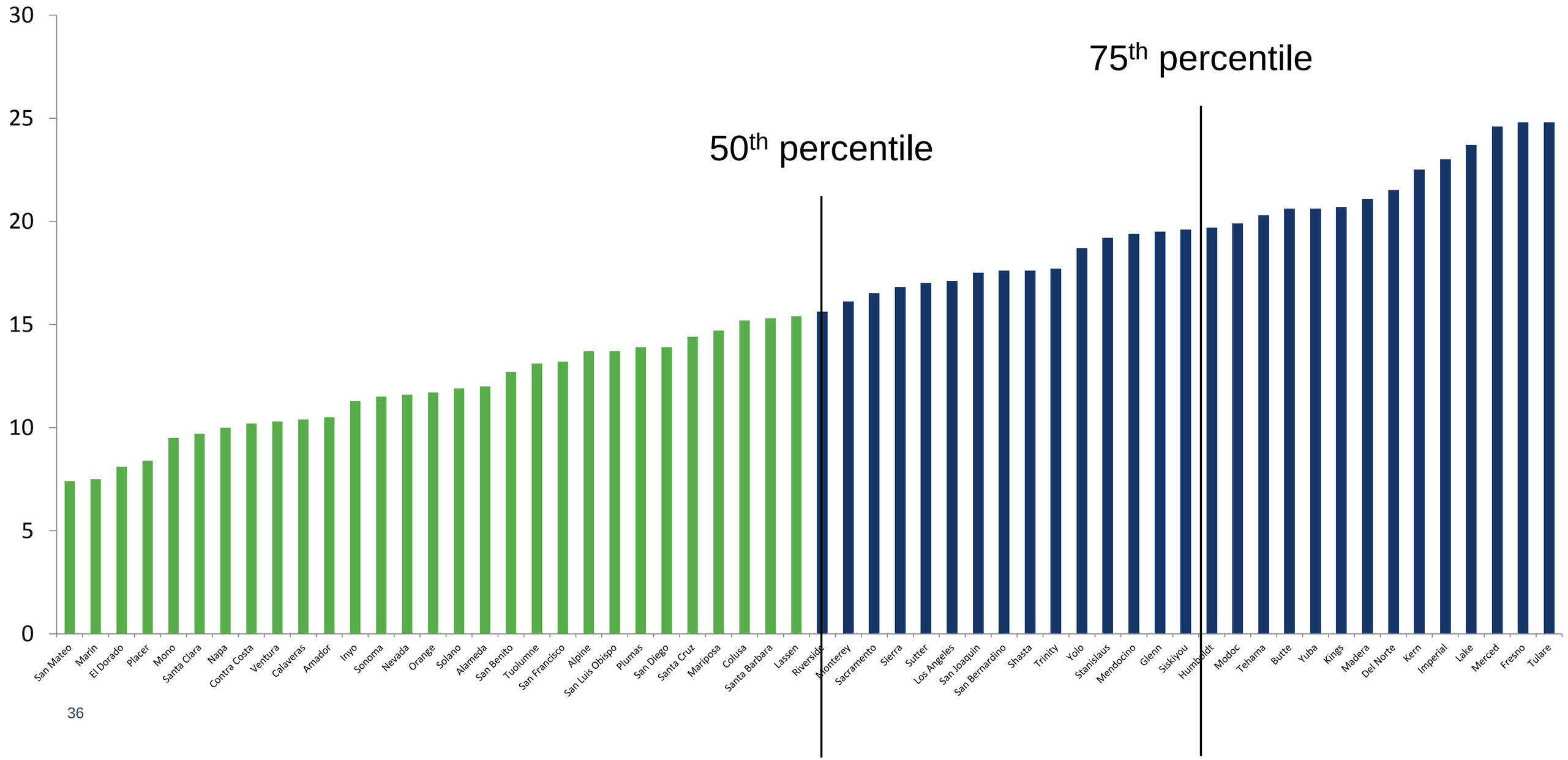

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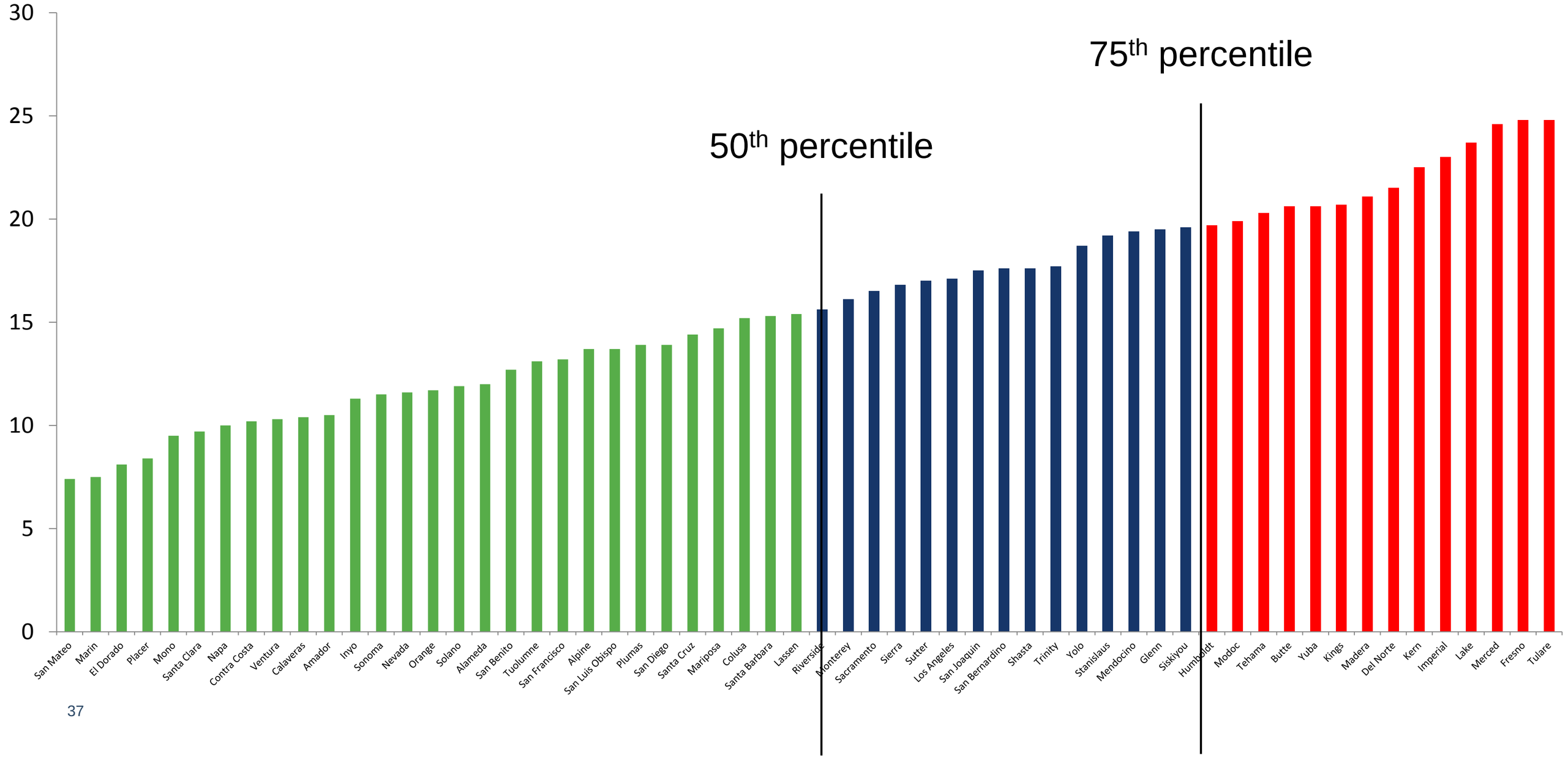

Calculating Compare to Distribution

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