INTRODUCTION TO THE RECOMMENDED CORE DATA SET FOR INITIAL ASSESSMENT AND PRIORITIZATION

Indicators for Assessing Local Health Needs
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Introduction

Purpose

A key stage in community health improvement planning is the initial assessment of community health status. While it is an important and sometimes time-consuming stage, it should not be seen as an end in and of itself: the community health needs assessment (CHNA) is a springboard to action. Data and stakeholder input should be analyzed in order to identify opportunities for action. Enough data should be reviewed to identify those key opportunities.

The Recommended Core Data Set was created to meet the need for a set of community health assessment data that is both thorough and manageable. It is designed to:

- Present a focused set of indicators
- Use a framework that organizes the data as a whole and highlights opportunities for prevention
- Help local communities to identify the top areas they want to address
- Help local partners to meet organizational requirements
- Provide local data [Note: If data are available at a level smaller than a county, then it is provided; if a critical indicator is not available locally, then regional or statewide data is provided.]

Components of the Recommended Core Data Set

The Recommended Core Data Set consists of several documents:

- Introduction to the Core Data Set (this document)
- Recommended Core Data Set for Initial Assessment and Prioritization:
  - List of Recommended Measures
  - List of Optional Measures (dependent on the characteristics of the local community)
  - Template Worksheet for Local Data
  - Data Download Instructions
  - Graphics Instructions
• Instructions for Downloading the Communicable Disease Measure within the Core Data Set
• Template PowerPoint presentation
• Template Fact Sheets
• Compendium of Data Sources for Community Health Improvement Planning (to drill down in more detail once top priority areas have been selected)

All of these documents can be found on www.wicommunityhealth.org (see Table of Resources under the Resources by Stage tab) or www.walhdab.org.

_Framework for the Core Data Set_

The Core Data Set is organized around a framework for describing what makes a community healthy. (See page 9 below.) This framework, developed by the Community Health Improvement Plans and Processes (CHIPP) Infrastructure Improvement Project, in collaboration with key stakeholders, provides an explanatory and visual model that incorporates the underlying determinants of health and the health focus areas in Healthiest Wisconsin 2020. This model builds on the best current research about contributors to health and so will help local communities to present a comprehensive picture of their community and to answer the questions: “How healthy are we?” and “How might we be healthier?”

_Reviewing Data: Part of a Complete Community Health Improvement Process_

Gathering and presenting data on the health of the community is one stage in the cycle of a community health improvement process. Not only is this activity best approached in that broader context, but this specific set of tools is best used in the context of the broader Wisconsin Guidebook on Improving the Health of Local Communities. The Guidebook lays out a brief set of checklists for each stage of the community health improvement process. It will be helpful to review the checklist on “Assess Needs and Resources” before using the Core Data Set tools as that section provides the overall context for the Data Set and provides guidance on steps such as:

• Identifying the questions and data that are critical to your community
• Including input from the community at large
• Identifying community assets and resources
• Compiling and analyzing the information collected

_Accessing Data Online through the County Health Rankings_

The first version of the Recommended Core Data Set was completed in the Summer of 2012 and was available as a spreadsheet. Since that time, a substantial portion of the Recommended Core Data Set has been made available online through the County Health Rankings and Roadmaps website. The data are available at the county and state level. Approximately 70% of the Recommended Core Data Set is available on the “County Snapshot” and “Additional Measures” tab for each county in Wisconsin. The site
offers additional capacity for downloading the data and comparing counties. Please note that the County Health Rankings are updated annually (usually in March). Occasionally, measures are removed and thus may not be available.

Quick Guide to Using the Core Data Set

1. Review this Introduction.
2. Open the Recommended Core Data Set for Initial Assessment and Prioritization.
3. Using the “Download Instructions” (see this tab on the Core Data Set), download the data for each measure for your community. It may be helpful to “sort” the list by source, and retrieve the data by source. Insert the results into the “Template for Local Data” tab.
4. Determine whether or not to use any of the “Optional Measures” (see this tab on the Core Data Set). If you choose to use them, download the data for each measure and add it to the “Template for Local Data” tab. (Note: You will need to add a row for each additional measure that you add.)
5. Determine how you want to present the data to your community and use the appropriate template. Options include the Template PowerPoint and Template Fact Sheets (all available at www.wicommunityhealth.org, under Resources by Stage>Table of Resources). Or you may choose to create your own report format.
6. Using the data in your “Template for Local Data,” create the graphics to insert into the presentation, following the instructions in the spreadsheet. Graphics instructions are a tab in the Core Data Set.
7. Insert the data and/or graphics from your “Template for Local Data” into the PowerPoint and/or the Fact Sheets.

Considerations in Using the Core Data Set Tools

In using the Core Data Set, it may be helpful to consider the following topics described further below:

- Including Data on Health Disparities
- Listening to Community Input in Addition to the Data
- Integrating the Core Data Set with Other Existing Systems
- Connection Between the Core Data Set and Healthiest Wisconsin 2020 Focus Areas
- Optional Additional Measures
- Limitations of Current Data
- Hospital and Public Health Requirements Related to Data

Including Data on Health Disparities

When looking at local health data, it is valuable to examine whether there are important differences between groups such as race/ethnicity, gender, income, and age groups. By addressing these disparities, communities can increase their likelihood of improving the community’s health status because they focused efforts on those most affected.

The current recommended Core Data Set does not include many measures that stratify the data based on such factors. This is in part in order to limit the size of the entire set, but more due to the limited
availability of stratified data at the local level. Local communities can explore health disparities through:

- Asking community members where they see differences in experiences of health and underlying factors that influence health. (See “Listening to Community Input” below.)
- Exploring these differences in more depth once top priorities are chosen by using the Compendium of Data for Action Planning and Evaluation.

**Listening to Community Input in Addition to the Data**

Gathering objective, quantitative data is essential to a quality community health assessment. At the same time, gathering local input and perception from community leaders and the community at large is equally important. First, these individuals are often aware of specific needs and trends in the community and may have internal data to supplement their input. Second, in choosing top priorities to work on, it is important to tap into those that the community has concern about and commitment to address. Finally, this approach provides an opportunity to engage groups that may have unique health or social issues and who are often under-represented during community planning efforts.

Community input on health needs can be gathered using strategies such as focus groups, key informant interviews, community forums and direct observation techniques (such as Photovoice). For guidance on using these techniques, see Listening to the Community: A Guide to Primary Data Collection.

**Integrating the Core Data Set with Other Existing Systems**

Some communities in Wisconsin have existing systems for gathering data for community health improvement planning. For example, some hospital systems conduct surveys of the service population to assess health status and health needs. The Core Data Set can be seen as a supplement to such data systems. By reviewing the existing data set side-by-side with the Core Data Set, a local community might identify some measures within the Core Data Set that would be helpful to add to their existing list of data. In addition, the framework by which the Core Data Set is organized (and the PowerPoint for presenting it) may be helpful in organizing and presenting any set of data.

One such system used by some communities in Wisconsin is the United Way LIFE Report. The Core Data Set may be a valuable resource to communities using that model as it includes not only traditional health data but also related data often used in a LIFE Report such as employment, education, literacy, community safety and social support.

**Connection between the Core Data Set and Healthiest Wisconsin 2020 Focus Areas**

Many communities in Wisconsin have organized their community health assessment around the state health plan, Healthiest Wisconsin 2020. The Core Data Set framework described above incorporates many of the Plan’s health focus areas, infrastructure focus areas and pillar objectives.
Optional Additional Measures

In selecting the indicators to include in the Core Data Set, several measures were identified that would be both valuable to consider and available in some jurisdictions but not all. This includes measures that are related more to rural or urban settings (such as snowmobile fatalities in rural areas) and measures that are rarely available in large enough numbers to consider in smaller jurisdictions (such as HIV infection rates). These “Optional Additional Measures” are included in the “Recommended Core Data Set for Initial Assessment and Prioritization” spreadsheet. Each community is encouraged to review them and consider which, if any, should be added to the Core Data Set for their community.

Limitations of Current Data

It is important to acknowledge the limitation of current data available for conducting a community health needs assessment. The current Core Data Set was designed to meet immediate needs for local communities. As such, it is built using existing data. However, current data sources in Wisconsin have a number of limitations that cannot currently be addressed:

- Timeliness of data
- Small incidence numbers for some measures, particularly for smaller jurisdictions
- Lack of data for jurisdictions smaller than counties
- Inadequate data for some topic areas, especially emerging areas such as health literacy and racism
- Challenges with varied jurisdictional boundaries between local partners seeking to combine data between multiple jurisdictions

These issues need to be addressed in future iterations of data systems for local community health improvement processes. For those areas where there are not currently good indicators (such as for racism), local communities may wish to specifically ask the community for input (using some of the techniques described above such as key informant interviews or focus groups).

Hospital and Public Health Requirements Related to Data

Two key partners in community health improvement processes – hospitals and local health departments – have specific requirements for data they need to include in order to meet organizational standards. The Core Data Set was designed with these in mind. Please note that use of the Recommended Core Data Set for Initial Assessment and Prioritization does not indicate compliance with the guidelines below.

Hospitals are required to solicit and take into account input from persons representing the broad interests of the community including:

- At least one public health department
- Members of the medically underserved, low-income, and minority populations; or individuals or organizations serving or representing those populations
- Any written comments received on the most recently conducted CHNA and Implementation Strategy.

Local health departments in Wisconsin (except tribal health departments) are required to:

- Regularly and systematically collect, assemble, analyze and make available information on the health of the community, including statistics on health status, community health needs and epidemiologic and other studies of health problems.
- Involve key policymakers and the general public in determining and developing a community health improvement plan that includes actions to implement the services and functions specified.

Source: https://docs.legis.wisconsin.gov/statutes/statutes/251/05/3/

Local health departments seeking national accreditation are required to:

- Engage with the community (including the public health system and the broader community) to identify and address the health problems; use a collaborative process.
- Review data from a variety of primary and secondary sources. Primary data would be gathered by the hosting entity.
- Assess health issues of population groups with particular health issues, including the uninsured/low-income and minority populations.
- Include assessment data about the prevailing health of the population, demographics, causes of health issues, health inequities, and assets and resources available.
- Include the contributing causes of community health issues (including behavioral risk factors, environmental, socio-economic factors, and health status disparities, health equity and high health risk populations).
- Develop community health data profiles to support public health improvement planning processes at the local level.
- Review data and information from the state health assessment.
- Identify issues and themes identified by the stakeholders and the community.
- Show that the preliminary findings of the assessment were distributed to the community (including the public health system partners, community groups and key stakeholders and the general public) and that the community’s input was sought.


Note: Both hospitals are health departments need to assess the needs of uninsured, low income and minority populations. While the Core Data Set includes data on income and insurance status, and many health measures are available by race/ethnicity, not many of the health measures in the set are available sub-divided by income and insurance status. It may be helpful therefore to also assess those specific populations’ needs through some further exploration of health disparities data, as noted previously.

Note: The IRS, state statute and Public Health Accreditation Board (PHAB) requirements outlines here are for informational purposes only. Use of the Core Data Set does not guarantee compliance with IRS, PHAB and Wisconsin state statutes or PHAB requirements. Only those entities can ensure that requirements have been met. Please confer with the appropriate entities and authorities.
Acknowledgements

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For Further Information

The Core Data Set materials were developed under the leadership of the CHIPP Infrastructure Improvement Project, a partnership between the Wisconsin Association of Local Health Departments and Boards (WALHDAB) as the community partner and Julie Willems Van Dijk, University of Wisconsin Population Health Institute, as the academic partner. Funding for this project was provided by the UW School of Medicine and Public Health from the Wisconsin Partnership Program.

For additional information about the CHIPP Infrastructure Improvement Project, see www.wicommunityhealth.org or www.walhdab.org.

To provide feedback on these tools, contact: walhdab@badgerbay.co.
What Makes a Community Healthy

While it is often health outcomes that capture our attention and motivate efforts for change, it is important to focus efforts on all of the factors that influence or drive those outcomes. That is where the greatest opportunity lies for real change.

The image below outlines one way to view health. It is based on a number of national and state models, including *Healthiest Wisconsin 2020* and *County Health Rankings & Roadmaps*.

<table>
<thead>
<tr>
<th>Health Outcomes</th>
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<tbody>
<tr>
<td><strong>Mortality (length of life)</strong></td>
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<tr>
<td>- Leading Causes of Death</td>
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<tr>
<td>- Years of Potential Life Lost</td>
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<tr>
<td><strong>Morbidity (quality of life)</strong></td>
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<tr>
<td>- Leading Causes of Illness</td>
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<tr>
<td>- Measures of Overall Health</td>
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<td>- Low Birth Weight Babies</td>
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<td>- Oral Health</td>
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<td><strong>Health Behaviors</strong></td>
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<td>- Alcohol and Other Drug Use</td>
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<td>- Physical Activity</td>
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<tr>
<td>- Tobacco Use and Exposure</td>
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<td><strong>Health Care and Public Health</strong></td>
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<tr>
<td>- Access to High Quality Health Services</td>
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<td>- Improved and Connected Health Service Systems</td>
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<tr>
<td>- Chronic Disease Prevention and Management</td>
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<tr>
<td><strong>Social and Economic Factors</strong></td>
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<tr>
<td>- Education</td>
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<tr>
<td>- Employment</td>
</tr>
<tr>
<td>- Adequate Income</td>
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<tr>
<td><strong>Physical Environment</strong></td>
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<tr>
<td>- Built Environment (housing, buildings, roads, parks, access to food)</td>
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<tr>
<td>- Natural Environment (air, water, soil)</td>
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<tr>
<td>- Occupational Environment</td>
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<td><strong>Effective Policies and Systems Aligned for Improved Health</strong></td>
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<td>- Chronic Diseases</td>
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<td>- Communicable Diseases</td>
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<td>- Mental Health</td>
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<td>- Injury and Violence</td>
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<td>- Growth and Development</td>
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<td>- Reproductive and Sexual Health</td>
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<td>- Healthy Nutrition</td>
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<td>- Emergency Preparedness, Response and Recovery</td>
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<td>- Collaborative Partnerships</td>
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<td>- Public Health Infrastructure</td>
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<td>- Community Safety</td>
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<td>- Health Literacy</td>
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<td>- Social Support and Cohesion</td>
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<tr>
<td>- Racism</td>
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Note: The majority of the health outcomes and factors listed in the diagram above are included in the Wisconsin State Health Plan, *Healthiest Wisconsin 2020*, as health objectives, infrastructure objectives, or pillar objectives.