

COMMUNITY ASSESSMENT FOR CHANGE



INTRODUCTION – KEY COMPONENTS AND APPROACHES

NEW MEXICO
DEPARTMENT OF
HEALTH



COMMUNITY ASSESSMENT FOR CHANGE



ROBERT WOOD JOHNSON FOUNDATION
Commission to Build a Healthier America

RECOMMENDATION: Ensure that decision-makers in all sectors have the **evidence** they need to build health into public and private policies and practices.

Decision-makers at national, state and local levels must have **reliable data** on health status, disparities, and the effects of social determinants of health.

Approaches to monitor these data at the **local level** must be developed by, for example, adapting **ongoing tracking systems**.

Funding must be available to promote research to understand these health effects and to promote the application of findings to decision-makers.

•Beyond Health Care: New Directions to a Healthier America, March 2009



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OBJECTIVES for the SESSION:

SHARE – Examples of our work; Ways to meet the challenges

DISCUSS – The issues; Questions and Answers

COLLABORATE – How can we work together to support our assessment goals?



COMMUNITY ASSESSMENT FOR CHANGE - *KEY COMPONENTS*

Defining Community Geography at Neighborhood Level

Defining Key Indicators

Building Comprehensive Indexes

Data Access

Data Quality

Building Denominators

Proving Causality vs Demonstrating Association

Building Capacity and Resources

Disseminating Information



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THIS IS HARD WORK!



*DEFINING GEOGRAPHY
at the NEIGHBORHOOD LEVEL*

How do we consult with our Key Partners to define community?

In order to gather and present the data . . .

In order to use the data for change . . .

Who's responsible for *your* Zip Code or Census Tract?

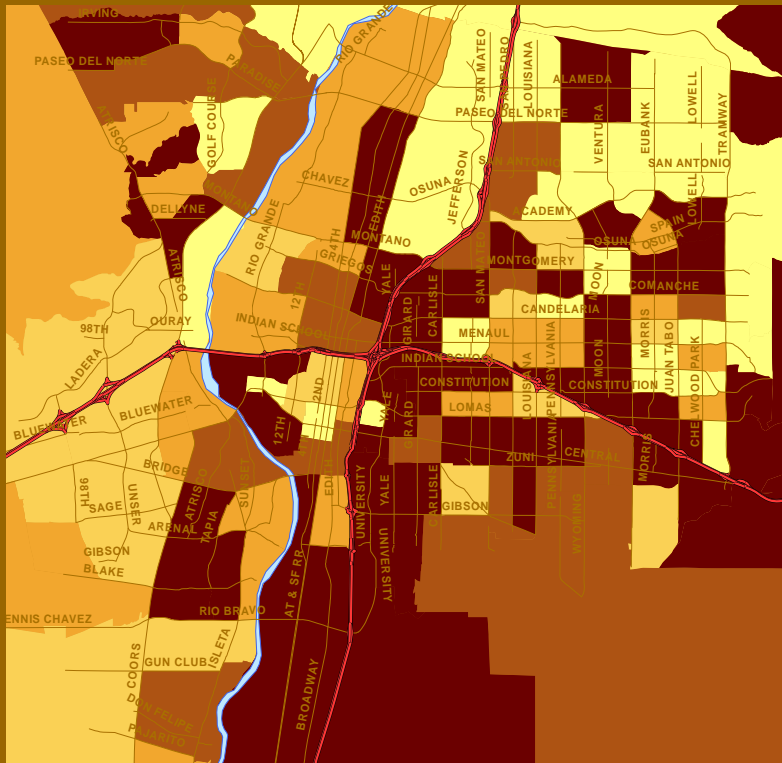
...Neighborhood? ...School boundary? ...City Council District? ...Township? ...State Legislative District?

THE COMMUNITY IS THE LEVEL OF ANALYSIS



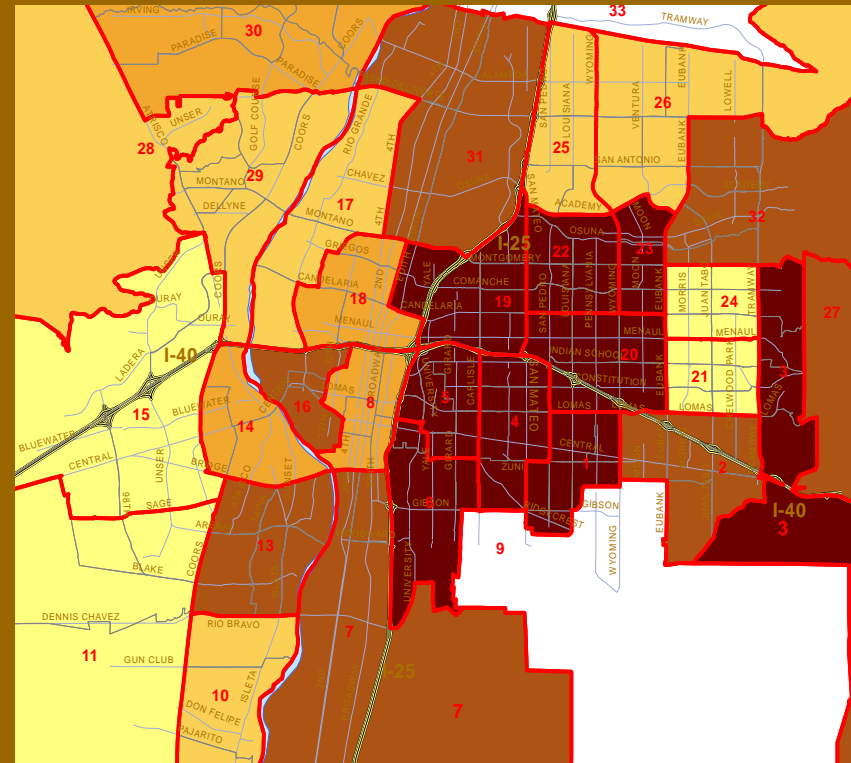
HISPANIC INFANT MORTALITY

Census Tracts



HEAT Communities

4-8 census tracts in each



Albuquerque / Bernalillo County, NM

DEFINING KEY INDICATORS

Are we measuring health status, access, resources, disparity, vulnerability, equity, opportunity, development, culture, or history?

Current Models offer many excellent examples of sets of indicators (*e-mail me for links*)

e.g., The Healthy Development Measurement Tool (SF)

The exigencies of demand in your own community(s). . .



DEFINING KEY INDICATORS

THREE CLASSES OF INDICATORS

Social Determinants

Economic Security
Livelihood
Education
Environmental Quality
Health Care Access
Housing
Civic Involvement
Community Safety
Transportation

Demographics

Race/ Ethnicity
Median Household Income
Female-headed Households with
Children
Households w/ Children
Educational Attainment
Average Age

Health Outcomes

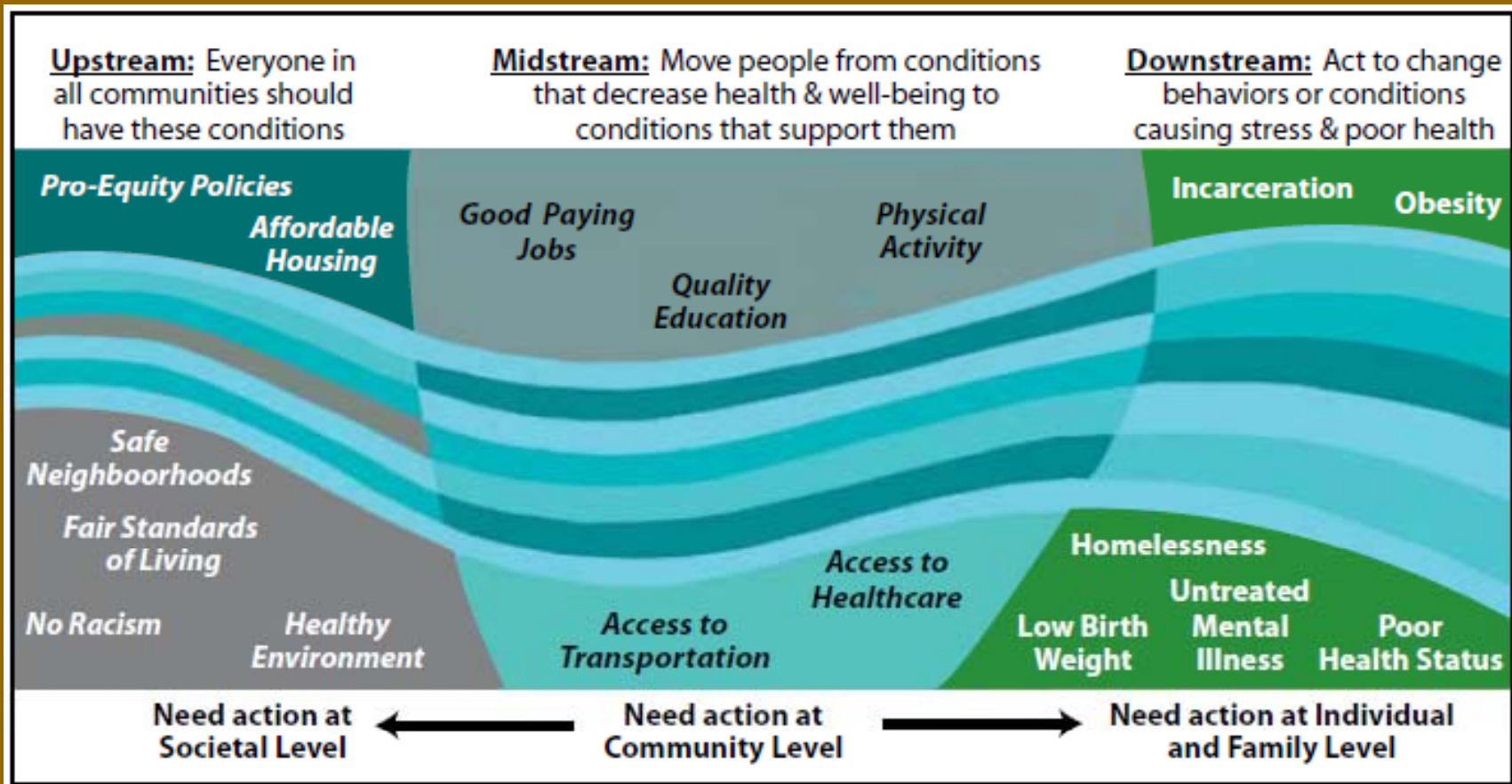
Age Adjusted Mortality
Rates
Morbidity (multiple causes)
Maternal and Child Health

(Connecticut Health Equity Index – 2007)



DEFINING KEY INDICATORS

THE CHOICE OF INDICATORS DICTATES HOW FAR UPSTREAM YOU WILL PADDLE.



BUILDING A COMPREHENSIVE INDEX

ARE WE SEEKING ONE MEASURE THAT ENCOMPASSES NUMEROUS INDICATORS?

Health Equity Index, Opportunity Index, L.A. Diversity Index, Health Poverty Index, Nat'l Neighborhood Indicators Project, HP2010, and many more

Indexes are only one of the many products that a comprehensive assessment tool can provide.



DATA ACCESS

Sharing (Begging, Borrowing, Buying) Datasets

Dealing with government data stewards (from the US Census to the County Clerk)

Community Partners, Business, Commercial Sources

Confidentiality, Political Resistance, Security, Privacy, Cost . . .

‘Sharing’ vs ‘Public Release,’

Academic Research vs Public Health Surveillance

The important role of government analytic services



DATA QUALITY

The Need for Addresses vs the Problems with Geocoding

Confidence Intervals and Statistical Stability

Comparability (of measures and geographies)

Incomplete Data

Fragmented Sources

Surveys vs Population Based Data Sets

Missing Variables e.g., Race / Ethnic

Challenges to reliability and validity



BUILDING DENOMINATORS

Standard denominators enable comparisons

Across communities

Within communities over time

Are we chained to census boundaries?

LOOK FOR THE DENOMINATOR.



PROVING CAUSALITY vs DEMONSTRATING ASSOCIATION

**DOES THE ABUNDANCE OF FAST FOOD
“CAUSE” OBESITY?**

MUST WE PROVE IT TO PRESENT IT?

If apparent associations are not connected, who will make the connections?

Will they be ‘correct’?

Does the community have a right to know regardless of the state of scientific proof of causality?



BUILDING CAPACITY AND RESOURCES

Among Analysts and Advocates

Within Bureaucracies

In the Community

Institutionalizing Health Equity Assessment

Do Funding Sources Need To Be Educated?



DISSEMINATING INFORMATION

Working to Make the Data Work

Working with Communities and Partners –

Workshops with community health advocates, special coalitions (with problem or neighborhood focus), researchers, elected and appointed officials, school health activists, environmental groups, etc

Interpreting Data for Action – Targeting, Grant Writing, Program Evaluation and Re-Alignment

Interpreting Data for Policy Advocacy – Are we working with the real decision makers? Are we helping communities take control of (some) policy decisions?



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