



# The Community as a Learning System for Health:

## *Using Local Data to Improve Local Health*

PRESENTED BY:

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MODERATED BY: **Kate Berry, CEO** - National eHealth Collaborative

May 23, 2012

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**NeHC University provides unique opportunities for interested stakeholders to learn about multiple health IT initiatives, programs, and trends all in one place**

<b>HIT Orientation</b>	<b>Careers in HIT</b>
<b>Trends in HIT Innovation</b>	<b>ONC Initiatives</b>
<b>Spotlight Learning Series: HIE Leadership and Sustainability</b>	<b>Spotlight Learning Series: Beacon Communities</b>
<b>Spotlight Learning Series: Consumer Engagement and Health IT</b>	

# Spotlight Learning Series: Beacon Communities



This series will provide in-depth case studies of the Beacon Community grantees' projects as they work to further build and strengthen their health IT infrastructure and exchange capabilities.

## Mark Your Calendar!

- **Spotlight on San Diego and Utah**
  - *Date:* Thursday, May 24 1:00PM-2:30PM ET
  - *Faculty:*
    - **Christie North**, Vice President of Utah Programs – HealthInsight
    - **Anupam Goel**, Co-Principal Investigator – San Diego Beacon Collaborative
    - **Janhavi Kirtane**, Director of Clinical Transformation, Beacon Community Program, ONC

# Spotlight Learning Series: HIE Leadership & Sustainability



Executives give valuable insight into the successes and challenges of maintaining HIE sustainability.

## Mark Your Calendar

- **Spotlight Learning Series on Payer Engagement: Case Study on Cigna's HIT Strategy**
- Tuesday, June 5, 2012  
12:00PM-1:30PM ET
  - *Faculty:*
    - **Gary Austin**, Founder, TranzformHealth
    - **Dr. Richard Salmon**, National Medical Executive for Performance Measurement and Improvement, Cigna Healthcare

# Upcoming NeHC University Programs

## Mark Your Calendar

**June 7: Behavioral Health Landscape**

*1:00PM ET-2:30PM ET*

**June 12: Spotlight Learning Series on Consumer  
Engagement: Aetna and iTriage**

*1:00PM ET-2:30PM ET*

**June 18: “How To Achieve Stage 1 Meaningful Use”**

*1:00PM ET-2:30PM ET*

# Presentation slides are available now!

<http://www.nationalehealth.org/LocalDataToImproveHealth>

Recorded webinar will be available in 24 to 48 hours

Full transcript will be available in approximately 7 to 10 days

## Want more?

**Check out the supplemental materials available on the NeHC website!**

*You can also continue today's discussion by joining the Consumer Consortium on eHealth group in NeHC's online community:*

<http://www.nationalehealth.org/collaborate/groups/consumer-consortium-ehealth>

Please enter your questions or comments in the Q&A window at the bottom right of your screen

You can also send us an email at [university@nationalehealth.org](mailto:university@nationalehealth.org), tweet a question using hashtag #NeHC, or comment on our Facebook page at [www.facebook.com/nationalehealth](http://www.facebook.com/nationalehealth)





**The National Committee on Vital and Health Statistics**  
*The Public Advisory Body to the Secretary of Health and Human Services*

# **The Community as a Learning System: Using Local Data to Improve Local Health**

**May 23, 2012**



Justine Carr, MD, Chair, NCVHS,

Larry Green, MD, Co-Chair, Population Health Subcommittee

Linda Kloss, RHIA, Co-Chair, Privacy, Confidentiality and Security Subcommittee



**U.S. Department of Health and Human Services**

# Today's Goals

1. To engage you in improving community health through the use of local data.
2. Update you on the work of the NCVHS
3. Solicit your involvement in the Committee's deliberations.



**NCVHS**



Published, November 2011  
Joint Project of the  
Population Health and  
Privacy, Confidentiality and  
Security Subcommittees



# The Community as a Learning System: Using Local Data To Improve Local Health

A Report of the  
National Committee on Vital Health Statistics



U.S. DEPARTMENT OF HEALTH  
AND HUMAN SERVICES

# The National Committee on Vital and Health Statistics - Mission

- The statutory public advisory body to the Secretary of Health and Human Services in the areas of health data, statistics and health information policy
- Provides advice and assistance to the Department
- Serves as a forum for interaction with interested private and public sector groups on a variety of key health data issues.



# NCVHS Milestones

1949	Established as federal advisory committee
1974	Public Health Services Act gave NCVHS official status as a statutory public advisory committee to the Secretary of HEW (now HHS)
1996	HIPAA charged NCVHS with advising Secretary on health data standards and privacy policy
2003	Medicare Modernization Act charged NCVHS with recommending standards for electronic prescribing
2010	Affordable Care Act charged NCVHS with advising the Secretary on Operating Rules for HIPAA Administrative Simplification



## NCVHS Configuration

- 18 members appointed for four year terms
- Drawn from fields including medicine, law, public health, economics, privacy, security, informatics, health plans, consumers
- Through hearings and open deliberation, develop practical, timely, thoughtful recommendations to the Secretary of HHS



# NCVHS Subcommittees

	Focus
<b>Standards</b>	Health data standards as required under HIPAA, MMA, and ACA
<b>Quality</b>	Health data for clinical uses, quality improvement, and informed consumers
<b>Population Health</b>	Population-based data and data about specific vulnerable groups
<b>Privacy, Confidentiality and Security</b>	Emerging issues in information privacy, confidentiality and security and data stewardship



# NCVHS Notable Contributions

- Visioning Documents (2002)
  - 21<sup>st</sup> Century Vision for Health Statistics report
    - Emphasized role of all factors influencing health
  - National Health Information Infrastructure:
    - Led to creation of Office of the National Coordinator for Health Information Technology
- Administrative Simplification
  - Decade of oversight of adoption and implementation of standards for HIPAA and ACA administrative simplification provisions





# Shaping a Health Statistics Vision for the 21<sup>st</sup> Century (2002)

## Place and Time

**Natural environment**  
 Air quality  
 Water quality  
 Climate and weather  
 Topography and soil  
 Environmental contaminants  
 Animals and plants

**Cultural context**  
 Norms and values  
 Religion  
 Racism and sexism  
 Discrimination  
 Competition/cooperation

**Political context**  
 Public policies and Laws  
 Social  
 Economic  
 Health  
 Environment  
 Political culture  
 Differential political  
 empowerment or  
 participation

## Context

**Health services**  
 Structure  
 Numbers of personnel  
 Types of personnel  
 Organization  
 Facilities  
 Types of services  
 Accessibility  
 Processes  
 Professional behaviors  
 Utilization  
 Treatment modalities  
 Cost and financing  
 Access and Use  
 Quality

**Economic resources**  
 Employment  
 Control over work  
 Income  
 Income inequality  
 Economic change  
 Education  
 Child care  
 Early childhood  
 experience  
 and education

## Community attributes

**Built environment**  
 Housing  
 Workplace  
 School  
 Transportation  
 Communication  
 Access

**Biological characteristics**  
 Community age distribution  
 Community gender distribution  
 Genetic make-up

**Social attributes**  
 Cohesion  
 Influence  
 Networks  
 Support  
 Social change

## The population's health

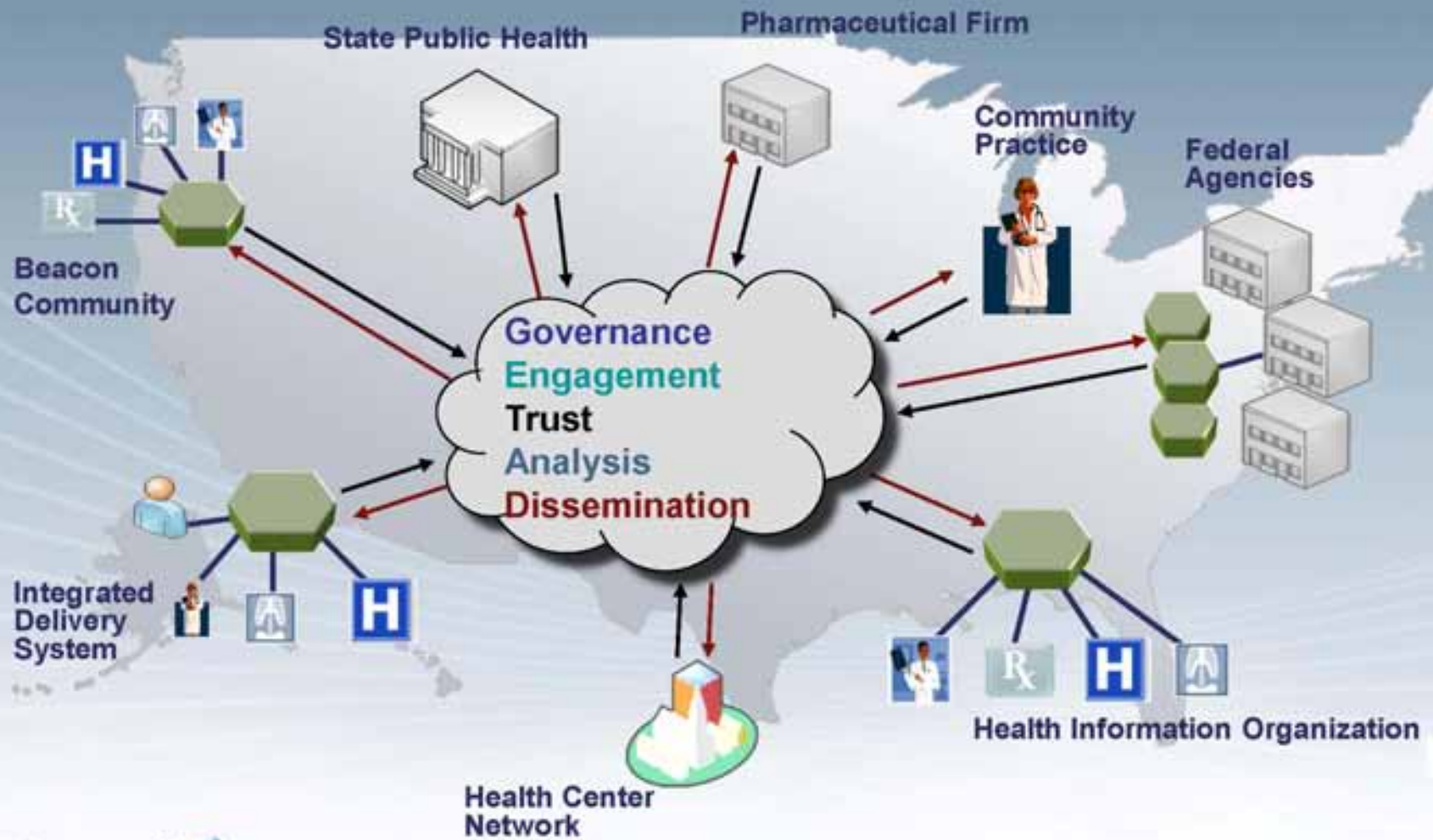
	Level	Distribution
Disease		
Functional status		
Well-being		

**Population-based health programs**  
 Water Supply  
 Waste Disposal  
 Air Pollution Control  
 Public Health Programs  
 Children  
 Adults

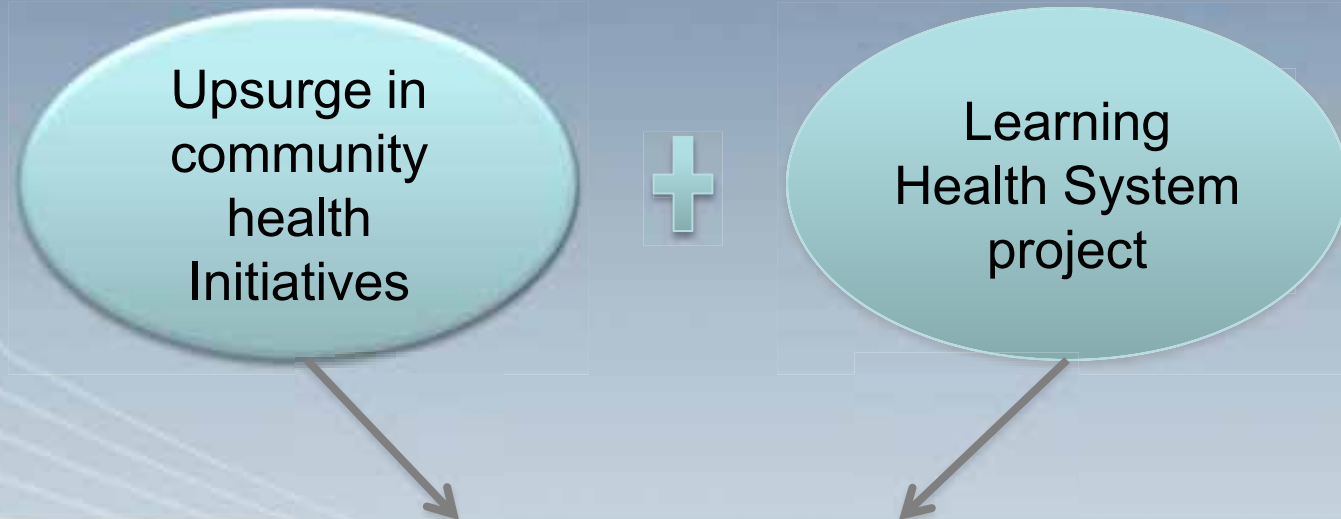
**Collective lifestyles and health practices**  
 Diet  
 Wellness behavior  
 Physical activity  
 Sexual practices  
 Smoking  
 Substance abuse  
 Violent behavior  
 Access to health  
 information



# A Learning Health System



# Impetus for Focus on Community Health Data



How communities can become learning systems for health and what resources exist and are needed to help them?



# Health is a Community Affair

*“Getting data into the hands of communities and ensuring they have tools and capacities to use them could move the nation toward realizing the public benefits of the informatics revolution.”*

*The Community as a Learning System for Health,  
NCVHS, December 2011, p. 7*



# 14 Leading edge Learning Communities

1. **Boone County, MO** – *Public Health*
2. **Bronx, NY** – *Care transitions*
3. **Denver, CO** – *cardiovascular health, childhood obesity*
4. **Grand Junction, CO** – *population health*
5. **Indiana and HIE** – *population health*
6. **King county, WA** – *data democratization*
7. **Mahoning Valley, OH** – *children's health insurance coverage*
8. **New York City**- *BMI screening for children*
9. **Olmsted County, MN** – *childhood asthma*
10. **Sonoma County, CA** – *health information for citizens*
11. **Columbia, SC** – *data to improve childcare*
12. **South Los Angeles, CA** – *land use policies and health disparities*
13. **State of Arkansas** – *childhood obesity*
14. **Utah** – *consumer education about health data use*





View this site in Spanish/Español or other language Powered by The Healthy Communities Network

- Search
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- Home
- Community Health Needs Assessment
- Topic Centers
- Community Data
- News
- Promising Practices
- Event Calendar
- Resource Center
- Contribute Content
- Partners

Home > Community Dashboard  
County Time Period HP 2020 Target

### Age-Adjusted Death Rate due to Breast Cancer

**Value:** 26.2 deaths/100,000 females  
**Measurement Period:** 2007-2009  
**Location:** County : Sonoma  
**Comparison:** CA Counties  
**Categories:** Health / Cancer, Health / Mortality Data, Health / Women's Health

**What is this indicator?**  
 This indicator shows the age-adjusted death rate per 100,000 females due to breast cancer.

**Why this is important:** Breast cancer is the most common type of cancer among women in the U.S. other than skin cancer. Breast cancer forms in tissues of the breast, usually the ducts (tubes that carry milk to the nipple) and lobules (glands that make milk). In the United States in 2009, it is estimated that there will be 192,370 new cases and 40,170 deaths from breast cancer.

**The Healthy People 2020 national health target is to reduce the breast cancer death rate to 20.6 deaths per 100,000 females.**

**Technical Note:** The distribution is based on data from 57 California counties. The value represents the average annualized rate.

RELATED CONTENT

#### LOCAL 211 RESOURCES CALL 211

- [Women's Health Specialists](#)
  - [Sutter Health Women's Health Resource And Breast Care Center](#)
  - [Sutter Health Women's Health Resource And Breast Care Center](#)
  - [Sonoma Valley Community Health Center](#)
- [More](#)

#### NEWS

- [Benefit of mammograms even greater than thought](#)
- [Mammograms may](#)



# Identifying priorities and building partnerships and collaboration

- Involving citizens and community groups; generating new partnerships
- The role of local data

*“Consensus about local priorities emerges when quantitative data are combined with community members’ insights and preferences.”*

*The Community as a Learning System for Health,  
NCVHS, December 2011, p. 12*





# Developing data around a broad definition of health

- Leveraging and linking multiple data sources on health and determinants
- Linking clinical and population health data
- Generating local data
- Innovatively displaying and disseminating data: dashboards and more
- Mobilizing for information-driven action and evaluation
- Town-gown partnerships to improve local health



# Building Trust

- Educating community members and leaders about data use and benefits
- Involving community members in decisions about data use and more
- Trust-building among organizations and agencies that are data sources
- Governance fosters a sense of ownership and control

*“...further efforts and leadership are needed to define a privacy and security framework to guide the innovative uses of local data emerging in communities across the country.”*



*The Community as a Learning System for Health,  
NCVHS, December 2011, p. 19*

## Trust and the Community: Hearings on April 17-18, 2012

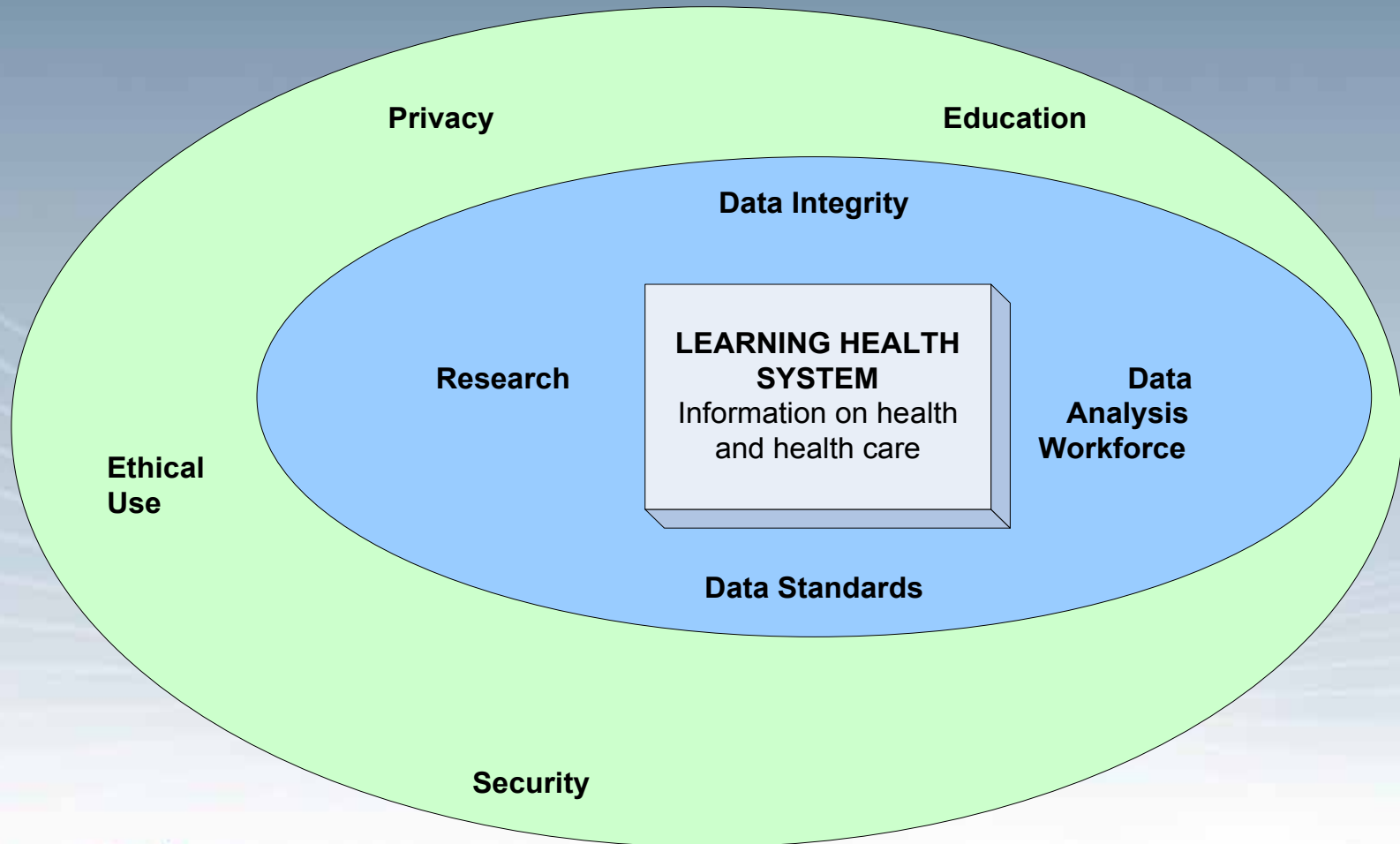
- Privacy is not an individual issue only, it's societal and family
- Chain of trust involving the whole process from collaboration through use of data
- Participatory Governance and special obligations of data stewards to the community
- Spectrum of consent

*“Trust is our Most Important Resource....and Trustworthy practices require attention to relationships and accountability.”*

*Kelly Edwards, PhD, Department of Bioethics and Humanities University of Washington School of Medicine*



# HEALTH DATA STEWARDSHIP



# SUCCESS FACTORS IN COMMUNITY LEARNING SYSTEMS FOR HEALTH

1. A galvanizing health concern.
2. A comprehensive understanding of health and community health.
3. Collaborative culture; social capital.
4. Trust and community engagement.
5. Access to data on local health and its determinants, plus analytic capacities.
6. Data display and dissemination capacities.
7. Functioning coalitions, community engagement, agreement on priorities.
8. Organizational and technical support.
9. Political and financial support.
10. Processes and systems to translate information and priorities into action, evaluate results, and modify as needed.



Needed: Support, Shared Learning and Economies of Scale



**Access + analytics + skills to make data usable and useful.**



**Stewardship + privacy protection + engagement + governance = Trust**



**Support, facilitate shared learning, and create economies of scale**



# **Needed: An infrastructure for support, shared learning, and economies of scale.**

- Privacy and security framework
- Standardized set of community health indicators
- Training, technical assistance and easy to use tools for data management, display and analysis
- Stronger local financial and human resources
- Support for public health departments to take advantage of Meaningful Use criteria
- Help with translating local knowledge into action
- Mechanisms for sharing learning beyond the community



# Examples of Enabling Federal Assists

- Better bridges between clinical and public health data systems
- Standardized community health, health status, environmental and resource use indicators
- Federal and state web-based data query systems for small area data, easy analytics and visualization
- Technical assistance perhaps through existing HIT initiatives such as regional extension centers
- Longer funding periods, and transitional support for institutionalization of promising new policies and program





# Questions

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*"Someday, all this will be infrastructure."*

Contact the Executive Secretary,  
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(301) 458- 4245 Email:  
[msg1@cdc.gov](mailto:msg1@cdc.gov)

The Community as a Learning  
System Report:  
[http://www.ncvhs.hhs.gov/111213  
chip.pdf](http://www.ncvhs.hhs.gov/111213chip.pdf)

Please visit our Homepage for  
Meeting Information:  
<http://www.ncvhs.hhs.gov/>



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You can also send us an email at [university@nationalehealth.org](mailto:university@nationalehealth.org), tweet a question using hashtag [#NeHC](#), or comment on our Facebook page at [www.facebook.com/nationalehealth](http://www.facebook.com/nationalehealth)

# Before you log out...

Please take a moment to fill out the survey on the right side of your screen

***Didn't get your question answered? Join the Consumer Consortium on eHealth group in NeHC's online community to continue the discussion:***

***<http://www.nationalehealth.org/collaborate/groups/consumer-consortium-ehealth>***

Questions or Suggestions? Send us an email at  
**[university@nationalehealth.org](mailto:university@nationalehealth.org)**

# Thank you for your participation!

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