

# IDENTIFYING COMMUNITY HEALTH INDICATORS

Steps should have now been taken to build local partner capacity and work with the community to establish a plan to conduct a Community Health Needs Assessment (CHNA). The next steps taken will be to identify measurable outcomes or community health indicators.

## WHAT ARE COMMUNITY HEALTH INDICATORS?

Indicators are quantitative measures/data that describe community conditions including: health status, economic, environmental, social or cultural conditions (i.e. poverty rate, prevalence of heart disease), currently and over time. The purpose of using them are that "Indicators help answer the questions: How are we doing regarding the community conditions we care about?"<sup>2</sup> Indicators are often part of an Indicator System which is "an organized effort to assemble and disseminate a group of indicators that together tell a story about the position and progress of jurisdiction or jurisdictions."<sup>3</sup> Indicators are outcomes that can be used to measure and evaluate the goal of the CHNA process and community initiatives.<sup>4</sup>

Economic and employment status indicators of local areas are among the more frequently considered factors in assessing health. "Economic aspects of local areas have been among the most frequently analyzed contextual factors with regard to mortality and other outcomes, while adverse outcomes have generally been found to be positively associated with higher community levels of unemployment."<sup>5</sup>

There are benefits to utilizing community health indicators including<sup>4</sup>:

- They provide an objective method to measure the data, progress towards goal, and describe the long-term effect of the community workgroup's efforts on the CHNA project.
- Help determine the effects of key components of the initiative.
- Move issues identified in the CHNA process to the forefront of the public agenda in support of local policy, environment, and systems change to address chronic disease prevention and control.
- Secure additional support for the community initiative.

## WHEN TO UTILIZE COMMUNITY HEALTH INDICATORS?

Identifying and measuring community health indicators should be conducted at the beginning of the CHNA process. Evaluating your indicators early on will help give you a better understanding of how your community is affected by different indicators.

## PROCESS FOR IDENTIFYING COMMUNITY HEALTH INDICATORS

Community health indicator data is available from multiple local, state, and national sources. Indicators should reflect the purpose and goals of the CHNA process in order for them to be useful in addressing the community's health.

Reviewing evidence-based and proven indicators recommended by experts in chronic disease prevention and control is one method to understanding the overall health of a community. By examining these numbers, your community will gain a better understanding of the long-term effect of implementing initiatives to address community health needs based on the CHNA process. Communities may find that the expert recommended indicators may not be useful to support the desired CHNA process outcomes.

The following steps will help you determine which indicators are appropriate for your CHNA project<sup>2</sup>:

1. *Establish a framework for determining what indicators you want to collect data on.* This important first step answers a key question: "What themes, issues or goals are most important for measuring the current and future conditions of the health

### Community Well-being is More than Health Care

"Many of the strongest predictors of health and well-being fall outside the health care sector. Social, economic, and environmental factors all influence health."

*(National Prevention Strategy, Health Promotion and Public Health Council, June 16, 2011)*

South Dakota communities?” Work with your community group to establish focus areas (i.e. health outcomes, access to health services) to structure the framework of your community health indicators. It is necessary to determine your vision statement or what you want your community to look like. Strategies to help determine the themes, issues or goals include brainstorming, convening community meetings, focus groups, and surveys.

The Centers for Disease Control and Prevention have identified a list of frequently recommended focus areas for community assessment and population health improvement, including *Health Behavior* (i.e. Alcohol Consumption Rate, Nutrition/Physical Activity Behaviors), *Healthcare – Access and Quality* (i.e. Immunization Rates, Provider Rates (i.e. Primary care Provider, Dentist)), *Physical Environment* (i.e. Air quality, Housing), *Social Environment* (i.e. Age, Race/Ethnicity, Poverty), and *Health Outcomes - Morbidity/Mortality* (i.e. Heart Disease Death Rate, Obesity).<sup>8</sup>

### Healthy People 2020

#### Example of National Leading Health Indicators

Leading health indicators are identified in the Healthy People 2020 initiative, which provides “science-based, 10-year national objectives for improving the health of all Americans. Healthy People has established benchmarks and monitored progress over time in order to: 1) Encourage collaborations across communities and sectors; 2) Empower individuals toward making informed health decisions; and 3) Measure the impact of prevention activities.”

Some of the focus areas established in the Healthy People indicators include Access to Health Services, Oral Health, and Tobacco. The Healthy People 2020 indicators provide an option of quality measures communities can use to collect for their CHNA.

*(Healthy People 2020, U.S. Department of Health and Human Services, www.healthypeople.gov)*

2. *Identify and select indicators that meet the established focus areas, themes, issues, and goals.* In this step it is important to include key community groups, partners, and data providers to ensure a comprehensive process and obtain “buy-in” from stakeholders to support the CHNA process. Determining and developing appropriate indicators involves a technical process to ensure identification of valid and reliable measures to assess your community health. Points to consider to ensure the process include:

- Identify potential indicators
  - Review other community health indicator projects and identify and include relevant indicators
  - Develop indicators based on experts’ knowledge in selected focus areas
  - Form working groups by focus areas
- Select indicators among potential indicators through various data collection methods, including:
  - Subject matter experts
  - Community forums
  - Online voting
  - Small group discussion

In order to for indicators to provide valid and reliable data, criteria have been established for selecting them, including they must be<sup>2</sup>:

- Meaningful, relevant, and actionable
- Valid and Accurate
- Stable, reliable and timely
- Outcome-oriented
- Representative

## COMMUNITY HEALTH INDICATORS – PRIMARY AND ADDITIONAL

Indicators can be identified across a broad range of focus areas and specific measures. This process can be overwhelming to communities determining which indicators they would like to collect data on relevant to their purpose and goals. The focus area identified should help measure health or related contributing factors which significantly affect community health. To organize the indicators identified, they can be categorized into *Core/Primary Indicators and Extended/Additional Indicators*.

**Core/Primary Indicators:** These indicators are considered the most important to collect data on in order to see progress with addressing and improving community health. Core/Primary Indicators have a “higher priority based on the critical nature of the data, the potential for comparative value, and the relevance for most communities.”<sup>9</sup> These are given a higher priority than the *Additional Indicators* for measuring outcomes based on the SD OCDHP program goals and available data.

**Extended/Additional Indicators:** “A list of additional indicators from which communities may select to explore issues of importance to the community.” These indicators are considered a starting point for communities to gather additional data beyond the listed Additional Indicators and determine new indicators when needed.<sup>9</sup>

### **SOUTH DAKOTA COMMUNITY HEALTH INDICATORS – PRIMARY AND ADDITIONAL**

While it is important for communities conducting a CHNA to identify health indicators that meet their project vision, purpose, and goals, the South Dakota Department of Health has identified community health indicators that support their mission and goals to address chronic disease prevention and control and associated risk factors; physical activity, nutrition, tobacco use, chronic disease management, and school health. The indicators have been identified based on the SDDOH program priorities for chronic disease prevention and control, as well as the availability of local data to measure outcomes. The SDDOH answered the following questions to also help them identify primary and additional indicators for South Dakota communities to collect data on:

1. What are the current SD OCDHP and funded communities strengths, resources, needs and gaps to determine focus areas? Take into consideration the Social Determinants of Health when establishing focus areas/indicators.
  - What do you want to learn from the community assessment data?
  - Will this information move SD OCDHP closer to identified mission, vision and 2020 priority areas?
  - What information already exists to provide information seeking?
  - What gaps exist in information available about community residents?
2. What are the SD OCDHP Strategic Plan Priorities that align with established indicators/focus areas? Refer to potential data secondary data sources of indicators to benchmark.

Refer to the *South Dakota Good & Healthy Community Primary Indicators* and *South Dakota Good & Healthy Community Additional Indicators* in the *Tool and Templates* of this section. The Primary Indicators measure five health determinants/categories regarding chronic disease prevention and control and associated risk factors; *Longterm Outcomes, Community & Clinical Care, Health Behavior, Physical Environment, and Social Determinants of Health*. The Additional Indicators identified by the SDDOH focus on measures where data may not be available for the local/county level, specific to other areas outside of SDDOH program priorities (i.e. immunization rates, motor-vehicle accidents), and inclusive of expanded measures for assessing Social Determinant of Health. South Dakota communities are encouraged to review the indicator lists and identify appropriate indicators to measure trends and progress in improving community health. Refer to the *South Dakota Good & Healthy Community Health Indicator Template* in the *Tools and Templates* of this section for a modifiable template to help communities collect indicator data.

### **INDICATOR COLLECTION PROCESS IN DETAIL**

- 1. Prepare for the Community Health Needs Assessment.** Identify community workgroup members who will be responsible for identifying and collecting data on specified indicators.<sup>9</sup>
- 2. Select the Key/Primary Indicators.** Refer to the SDDOH Primary Indicator list to understand which measures to collect data on.<sup>9</sup>
- 3. Collect the data on relevant local and state indicators.** The collection of local-relevant indicators helps better describe the community’s health status and quality of life regarding specific focus areas in the community.<sup>9</sup>
- 4. Organize and analyze the data; summarize findings; and disseminate the information.** Utilize community workgroup members participating in the CHNA process who have statistics/data management experience to support the data collection and analysis process.<sup>9</sup> Refer to the South Dakota Good & Healthy Community Health Indicator Template Health Indicator Template for a tool to help communities collect and organize indicator data. The comprehensive data will help create a “community health profile.” The data gathered from your primary and additional indicator datasets can be used to develop and disseminate the CHNA data collection findings to the community-at-large, local media, and stakeholders. Refer to the Organizing and Presenting CHNA Results section of the toolkit for information on how to organize and disseminate CHNA results.

**5. Develop Data Monitoring System.** This is a crucial step in the CHNA data collection process. It allows you to track identified indicators and any changes that may occur over time regarding a community's health status. Elements of the monitoring system that should be considered<sup>9</sup>:

- Frequency of data collection
- Quality of data
- Continuing comparisons to peer, or state data
- Ability to modify or add indicators
- Methods for maintaining data systems – Make sustainable

The following table includes a series of key questions that a community conducting a CHNA should consider to help them determine what health indicators are important to collect data on.

Key Questions to Consider When Determining Community Health Indicators
Do you want positive and/or negative indicators?
Determine where to access primary or secondary data. Search for secondary data measures before focus on primary data. What information is already available regarding data collection?
What Quantitative and Qualitative data the community may want?
What data are needed and for what time periods?
What are potential existing data sources?
What needed data are not collected and how should it be collected and by whom?
How data should be provided by total or frequencies?
Are there any limitations to or weaknesses of, the data and how is that addressed?
How is data quality defined by the data providers?
Are there any challenges or barriers to obtaining needed data and how can they be resolved?
When is the data needed for the indicators, who receives it, and in what format?
Do any data sharing agreements exist to access existing data?

**Tools and Templates**

**South Dakota Good & Healthy Community Primary Indicators** – This tool includes primary health indicators identified by the South Dakota Department of Health Office of Chronic Disease Prevention and Health Promotion as priorities for communities to collect data on. The tool is organized by health determinants/categories and focus areas.

**South Dakota Good & Healthy Community Additional Indicators** - This tool includes health indicators that are optional for South Dakota communities to collect data on to support their CHNA. The tool is a resource to assist a community with determining what Additional Indicators would be applicable to collect data on. The tool is organized by health determinants/categories and focus areas indicated in the South Dakota Good & Healthy Community Primary Indicators.

**South Dakota Good & Healthy Community Secondary Data Resources** - This list includes data sources to assist with collecting secondary data, including local, state, national, and other resources to support secondary data collection.

**South Dakota Good & Healthy Community Health Indicator Template** – Serves as a modifiable template that can assist a community with collecting data on specific Primary and/or Additional Indicators. The template is organized by health determinants/categories and focus areas indicated in the South Dakota Good & Healthy Community Primary Indicator and Additional Indicators lists, as well as provides additional data sources to support any Additional Indicators communities identify to collect data on.

**Sample Community Health Indicator Data** – This tool provides examples of what kind of data should be collected regarding Primary and Additional Indicators. It can assist a community with completing the South Dakota Good & Healthy Community Health Indicator Template.

## Resources

Refer to the following resources for further information on the process of identifying community health indicators.

### Community Health Indicators

**Healthy Carolinians Community Assessment Guide Book.** North Carolina Department of Health and Human Services.

- Phase 2: Collect Primary Data
- Phase 4: Analyze and Interpret County Data

**A Handbook for Participatory Community Assessments. Experiences from Alameda County.**

Alameda County Public Health Department

- Step 4: Developing Indicators

**Community Health Status Assessment At-A-Glance.** National Association of City and County Health Officials.

**Selecting Indicators for the Community Health Assessment.** Presented by: Allen Lomax, Community Indicators Consortium, December 14, 2011. National Association of City and County Health Officials.

**Resources.** Community Indicators Consortium.

**Gathering and Using Community-Level Indicators.** The Community Toolbox, University of Kansas.

**Data Set Directory of Social Determinants of Health at the Local Level.** Hillemeier M, Lynch J, Harper S, Casper M. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2004.

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