IOM Roundtable on Population Health Improvement
Metrics that Matter for Population Health Action

July 30, 2015

Resource/Reading List

This is a brief list of select resources related to measures/indicators of health and its determinants.

Selections from the literature on metrics and data focused on non-clinical determinants of health

Bay Area Regional Health Inequities Initiative. 2015. ***Applying social determinants of health indicator data for advancing health equity: A guide for local health department epidemiologists and public health professionals.*** **San Francisco, CA. Bay Area Regional Health Inequities Initiative.**
http://barhii.org/download/publications/barhii_sdoh_indicator_guide_v1.1.pdf

The purpose of this guide is to show local health department (LHD) epidemiologists, data analysts, and other professionals how to collect, analyze, and display a prioritized list of social determinant of health living condition (SDOH-LC) indicators and frame these data in the context of neighborhood mortality, morbidity, and social conditions.

The recommendations in this guide are designed to help local health departments (LHDs) use SDOH-LC indicators to make measurable improvements in health and quality of life—particularly for neighborhoods and populations that emerge from the data as having the greatest SDOH needs.

By following the recommendations outlined in this guide, we expect the reader will be able to:

- Understand the importance of SDOH-LC indicators and their role in local public health equity work.
- Conduct a health equity analysis of death certificate files available to all LHDs.
- Collect and analyze key SDOH-LC indicators for use in local public health activities and to monitor changes over time.
- Respond to common questions and known limitations to SDOH indicators.
- Connect SDOH-LC indicators to the ten essential public health services.
- Show examples of successful partnerships from San Francisco Bay Area health departments with institutions traditionally outside of health and human services to address the SDOH.

Burd-Sharps, S. and K. Lewis. 2015. ***Geographies of opportunity: Ranking well-being by Congressional District*****. The Measures of America. Social Science Research Council. New York, NY: Humantic.**
http://www.measureofamerica.org/Congressional-districts-2015/ (accessed July 23, 2015).

Geographies of Opportunity: Ranking Well-Being by Congressional District is an in-depth look at how residents of America's 436 congressional districts are faring in three fundamental areas of life: health, access to knowledge, and living standards. While these metrics do not measure every aspect of our multifaceted society, they capture outcomes that are essential to well-being and opportunity. The hallmark of this work is the American Human Development Index, a supplement to GDP and other money metrics that tells the story of how ordinary Americans are faring.

Federal Reserve Bank of San Francisco and the Urban Institute. 2014. What Counts: Harnessing Data for America's Communities. http://www.whatcountsforamerica.org

With 90 percent of the world's data generated in just the past two years, *What Counts: Harnessing Data for America's Communities* challenges policymakers, funders, and practitioners across sectors to seize this new opportunity to revolutionize our approaches to improve lives in low-income communities. This book from the Federal Reserve Bank of San Francisco and the Urban Institute provides a roadmap for the strategic use of data to reduce poverty, improve health, expand access to quality education, increase employment, and build stronger and more resilient communities.

The book addresses such questions as:

- What are the opportunities to use data from a variety of sources across multiple measures, including poverty rates, employment rates, graduation rates, and health status?
- How can increased access to mortgage data improve assessment of market trends and provide early warnings of trouble?
- How can increased access to data on how hospitals allocate "community benefit" resources promote more coordinated action among those tackling the upstream determinants of health?
- What's important to consider when deciding which data to collect and analyze?
- How can data be used to determine resource gaps, service redundancies, or opportunities for cost savings?
- Why are standard metrics and data important, particularly for Community Development Financial Institutions and the health sector?
- How can practitioners transform data into actionable information and compelling stories and get key messages into the hands of decision-makers?
- How does an organization's culture and leadership advance or limit efforts to use data more strategically? Why does establishing a different approach to using data require more than just better information?

Harrell, R. 2015. The Livability Index: What's in a Score? http://blog.aarp.org/2015/06/23/the-livability-index-whats-in-a-score/ (accessed July 27, 2015); see also the AARP Livability Index at www.aarp.org/livabilityindex.

The index's categories cover the wide range of issues that affect people's lives and their ability to stay in their neighborhood if they want to do so. In ***What Is Livable*** we asked many different types of people across the country what was important to them. One general conclusion from that survey work and **my earlier work** is that preferences differ.

Institute of Medicine. 2010. For the Public's Health: the Role of Measurement in Action and Accountability. Washington, DC: National Academies Press. http://www.nap.edu/catalog/13005

This report is the committee's response to its first task and hence focuses on measurement and on the US health statistics and information system, which collects, analyzes, and reports population health data, clinical care data, and health-relevant information from other sectors. However, data and measures are not ends in themselves, but rather tools to inform the myriad activities (programs, policies, and processes) developed or undertaken by governmental public health agencies and their many partners, and the committee recognizes that its later reports on

the law and funding will complete its examination of three of the key drivers of population health improvement.

The committee finds that the United States lacks a coherent template for population health information that could be used to understand the health status of Americans and to assess how well the nation's efforts and investments result in improved population health. The committee recommends changes in the processes, tools, and approaches used to gather information on health outcomes and to assess accountability. This report contains four chapters that offer seven recommendations relevant to public health agencies, other government agencies, decision-makers and policy-makers, the private sector, and the American public.

Porter, M. E., S. Stern, and M. Green. 2015. Social progress index 2015 executive summary. http://www.socialprogressimperative.org/system/resources/W1siZiIsIjIwMTUvMDUvMDcvMTcvMjkvMzEvMzI4LzIwMTVfU09DSUFMX1BST0dSRVNTX0lOREVYX0ZJTkFMLnBkZiJdXQ/2015%20SOCIAL%20PROGRESS%20INDEX_FINAL.pdf (accessed July 23, 2015).

Economic growth has lifted hundreds of millions out of poverty and improved the lives of many more over the last half century. Yet it is increasingly evident that a model of development based on economic progress alone is incomplete. Economic growth alone is not enough. A society that fails to address basic human needs, equip citizens to improve their quality of life, protect the environment, and provide opportunity for many of its citizens is not succeeding. We must widen our understanding of the success of societies beyond economic outcomes. Inclusive growth requires achieving both economic and social progress.

The Social Progress Index aims to meet this pressing need by creating a robust and holistic measurement framework for national social and environmental performance that can be used by leaders in government, business, and civil society to benchmark success and accelerate progress. The Social Progress Index is the first comprehensive framework for measuring social progress that is independent of GDP, and complementary to it. Our vision is a world in which social progress sits alongside GDP as a core benchmark for national performance. The Index provides the systematic, empirical foundation to guide strategy for inclusive growth.

Measuring social progress guides us in translating economic gains into advancing social and environmental performance in ways that will unleash even greater economic success. The Social Progress Index offers a concrete way to understand and then prioritize an actionable agenda advancing both social and economic performance.

Purciel-Hill, M., C. Tsui, and L. Farhang (Human Impact Partners). National best practices to inform the scope of a health analytics tool for the San Diego Region. *Prepared for:* San Diego Association of Governments (SANDAG).
http://www.sandag.org/uploads/publicationid/publicationid_1816_17034.pdf

This Best Practices Report is part of a larger three-year effort to inform the consideration of health in the evaluation of plans, projects, and programs for the San Diego Association of Governments (SANDAG) and the San Diego County Health and Human Services Agency (HHSA). The Best Practices Report consists of a best practices review, which is the first step in determining a scope for a San Diego Regional Health Analysis Tool. The concept of a health analysis tool for the San Diego region originated from the partnership of SANDAG and HHSA as a resource for local agencies, tribal governments, and community-based organizations. A five-year Community Transformation Grant from the Centers for Disease Control supports this work. A

steering committee, consisting of members of SANDAG, HHSA, and Human Impact Partners is directing this best practices review and the development and consideration of approaches for the scope of the health analysis tool. 6 The primary goal of this initial report is to summarize a variety of characteristics related to existing indicator systems, and to provide approaches and considerations relevant for decisions about future directions for a San Diego Regional Health Analysis Tool.

Trowbridge, M. J., S. Gauche Pickell, C. R. Pyke, and D. P. Jutte. 2014. Building health communities: Establish health and wellness metrics for use within the real estate industry. *Health Affairs* 33(11):1923-1929. http://content.healthaffairs.org/content/33/11/1923.full.html (accessed July 23, 2015).

There is growing interest within the real estate industry to partner with the health care and public health sectors to help address the environmental determinants of these and other health issues.6,19 However, achieving the vision of equal access to healthy and safe community environments nationwide will require new tools, capacities, and incentives to accelerate a marketwide shift in the consideration of and accountability for health and wellness outcomes within the real estate industry.

An important hurdle that must be overcome is the limited availability of data and metrics to define and measure the health "performance" of real estate development projects. Historically, the negative impacts of a project, including environmental as well as health and wellness outcomes, have largely been treated as unmeasured and unregulated economic externalities.20 This lack of transparency creates a classical economic market failure since the comprehensive population-level health costs of poorly designed built-environment projects cannot be efficiently assessed by investors and other stakeholders. At the same time, the current lack of industry-specific health and wellness metrics also makes it difficult for real estate developers that intentionally target improved health outcomes to efficiently demonstrate the "value" of these choices. This limits incentives for investing in healthy building practices as a strategy for competitive market differentiation. The green building movement's success in bringing sustainable building practices into more standard use provides a powerful example of what can be achieved when long-standing market inefficiencies within the real estate industry are reversed.

In this article we consider how an analogous investment in health and wellness metrics for use within the real estate industry can help drive increased consideration and targeting of health outcomes stemming from built-environment development projects as well. We outline suggested performance criteria to help guide development of real estate industry health and wellness metrics. Finally, we discuss preliminary insights from early use of health metrics within real estate development projects.

Urban Land Institute. 2013. Intersections: Health and the Built Environment. Washington, D.C.: Urban Land Institute. http://uli.org/report/intersections-health-and-the-built-environment/ (accessed July 23, 2015).

Literature on metrics sets that include clinical dimensions along with other determinants of health

Minnesota Business Partnership. 2015. *Minnesota's health care performance card: Putting the state's health care system in national perspective*. http://mnbp.com/wp-content/uploads/2015/02/MBP_HealthScorecard.pdf (accessed July 23, 2015).

The Minnesota Health Care Performance Scorecard is organized around five major dimensions of performance, as outlined in Exhibit 3. These dimensions are further broken down into 14 subcategories, or domains. The five-part framework is grounded in the "Triple Aim," developed by the Institute for Healthcare Improvement (IHI). Widely used by health care organizations around the world, the Triple Aim assesses health care system performance as a function of three objectives: (i) to improve the patient experience (including quality and satisfaction of care); (ii) to improve the health of the population; and (iii) to reduce per capita cost of care.

We have built upon these three core dimensions (reflected in categories two through four on the scorecard) and expanded them to include two additional dimensions of health system performance: health care coverage and access, and the status of health care reform implementation.

Coverage and Access
- Health care coverage
- System capacity and access

Population Health
- Health care risk factors
- Prevalence and incidence
- Health outcomes

Health care delivery
- Patient experience
- Quality of care

Health care cost
- Total cost of care
- Utilization
- Unit cost

Status of health care reform efforts
- HIT adoption
- System initiatives
- Medicaid expansion
- State health exchanges

National Academies of Science, Engineering, and Medicine. 2015. Vital Signs: Core Metrics for Health and Health Care Progress. Washington, DC: National Academies Press.
http://iom.nationalacademies.org/Reports/2015/Vital-Signs-Core-Metrics.aspx

Thousands of measures are in use today to assess health and health care in the United States. Although many of these measures provide useful information, their sheer number, as well as their lack of focus, consistency, and organization, limits their overall effectiveness in improving performance of the health system. To achieve better health at lower cost, all stakeholders—including health professionals, payers, policy makers, and members of the public—must be alert to the measures that matter most. What are the core measures that will yield the clearest understanding and focus on better health and well-being for Americans?

The Institute of Medicine (IOM) convened a committee to identify core measures for health and health care. In this report, the committee proposes a streamlined set of 15 standardized mea-sures, with recommendations for their application at every level and across sec-tors. Ultimately, the committee concludes that this streamlined set of measures could provide consistent benchmarks for health progress across the nation and improve system performance in the highest-priority areas.