Using Neighborhood and Community Data to Promote Health

Culture of Data
May 3, 2019

Outline
1. About Shift
Lines of Service
WHAT WE DO

OPEN DATA TOOLS
RESEARCH
COMMUNITY ASSESSMENT
CAPACITY BUILDING

A Health Equity SDOH Platform
WHO IT IS INTENDED TO SERVE

MAKING THE CASE:
SUPPORT THE USERS AND KNOW THE AUDIENCE
• Funder – The Colorado Trust
• Users – Public health professionals, human services agencies, and nonprofits: working to support community
• Audience – Anyone who is in a position of power to address an inequity in a community
**Health Equity Framework**

**THE APPROACH – SDOH AND STRUCTURAL FACTORS**

**UPSTREAM**

**SOCIAL INEQUITIES**
- Class
- Race
- Ethnicity
- Gender
- Sexual Orientation

**INSTITUTIONAL INEQUITIES**
- Corporations & Businesses
- Government Agencies
- Schools
- Laws & Regulations
- Not-for-Profit Organizations

**LIVING CONDITIONS**
- Physical Environment
- Land Use
- Transportation
- Residential Segregation
- Exposure to Toxins
- Economic & Work Environment
- Employment
- Income
- Retail Businesses
- Occupational Hazards

**DOWNSTREAM**

**RISK BEHAVIORS**
- Social Environment
- Experience of Class, Race, Gender, Immigration
- Culture – Ads – Media
- Violence
- Service Environment
- Health Care
- Education
- Social Services

**DISEASE & INJURY**
- Communicable Disease
- Chronic Disease
- Injury (Intentional & Unintentional)

**MORTALITY**
- Infant Mortality
- Life Expectancy

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### Why Yet Another Tool?

#### THE RATIONALE

**LACK OF:**
- Geographic specific data (particularly in rural areas)
- Sub-population specific data (racial and ethnic groups)
- Intersectionality of SDOH and Health Outcomes
- New charted data sources
- One place for sharing within this framework
- Connection to pure research (library)
- Tying hard data and storytelling together
- A long-term funding commitment
EXPLORATION
DEFINING THE ACTORS

Stakeholders/End Users Vs. Target Audience

What is essential for each actor?

THE DATA TIERS

1. Administrative
   a) Standardized/regularly updated across the state
   b) Provided at the most granular geographic level possible
2. Supported Oversampling
   a) Leveraging existing data collection efforts
3. Community Crowdsourced
4. General Public Crowdsourced

CONSIDERATIONS:
When is new data sourced?
• Proactive
• Reactive

Does the research/data drive the issue or does it serve in a support role?
**Exploration**

**THE DATA MODEL – A TWO-WAY STREET**

- **Macroscopic**
  - Readily Available and Generalized
  - Analytic and Survey TA
  - Story Navigation TA

- **Microscopic**
  - Stories and Relevant Data

**THE PLATFORM ARCHITECTURE – A TWO-WAY STREET**

- **SDOH Framework**
  - Using Readily Available & Generalized Data

- **Core Components**
  - TA (Human)

- **Communities Stories & Relevant Data**

**Image:**
- Colorado Community Facts
- Equity Atlas
What We’ve Heard & Learned

KNOWING THERE IS MORE TO LEARN

After rural and regional conversations:

• Technical assistance will be HUGE
• Local resources (time and money) are very limited
• Eagerness to have better information and the support to execute
• Pilot demonstrations could serve as catalysts upon launch

Next Steps

MOVING FORWARD

• Assemble a series of stakeholder conversations around the state to inform the build of the various components of the platform.
• Identify the process/criteria for selecting pilot communities.
• Develop draft overarching data model
• Inventory readily available health and social determinants indicators to expand in Colorado Community Facts
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Thank You