DEVELOPING HealthyPeople 2030

Data Subcommittee and Recommendations

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Data Subcommittee Chair

ODPHP Office of Disease Prevention and Health Promotion

Charge to the Subcommittee

- To develop recommendations to assure that the data supporting Healthy People 2030 is as **accurate** and **timely** as possible focusing on:
  - **The Data Core** (data needs, data source standards, and progress reporting); and
  - **Innovation Related to Data** (in data sources, analysis and reporting; community data; summary measures; and the future of health data).

Subcommittee Meetings
Held Since June Committee Meeting

Since the June 27, Secretary's Advisory Committee meeting, the Data Subcommittee met twice by conference call:

- June 30, 2017
- July 31, 2017

Overview of Issues Addressed

- Data timeliness
- Data quality
- Periodicity of the data
- Number of required data points
- Syndication of content to stimulate data use
- Data source standards
- Role of data in Healthy People

Considerations

The role of data

- A key function: Data enables Healthy People to track objectives and measure progress over the decade.
- Healthy People 2020 includes over 1,200 objectives, organized into 42 topic areas, to monitor and improve health.
- To perform its management and tracking functions, Healthy People relies on many diverse data systems, including:
  - National censuses of events (for example, births and deaths)
  - Nationally representative sample surveys (for example, diet)
  - Other data sources (for example, air quality)

Considerations

Challenges related to Data for Healthy People 2030

- Healthy People uses data sources of varying quality, formats.
- About 2/3 of Healthy People data sources do not have annual data.
- Healthy People 2030 must balance data quality with timeliness:
  - Assuring that the best quality data are available, and
  - Releasing data in a timely fashion.
- To respond to immediate, local needs, Healthy People 2030 could encourage innovative or experimental data collection.

Example: Data timeliness: Stroke deaths

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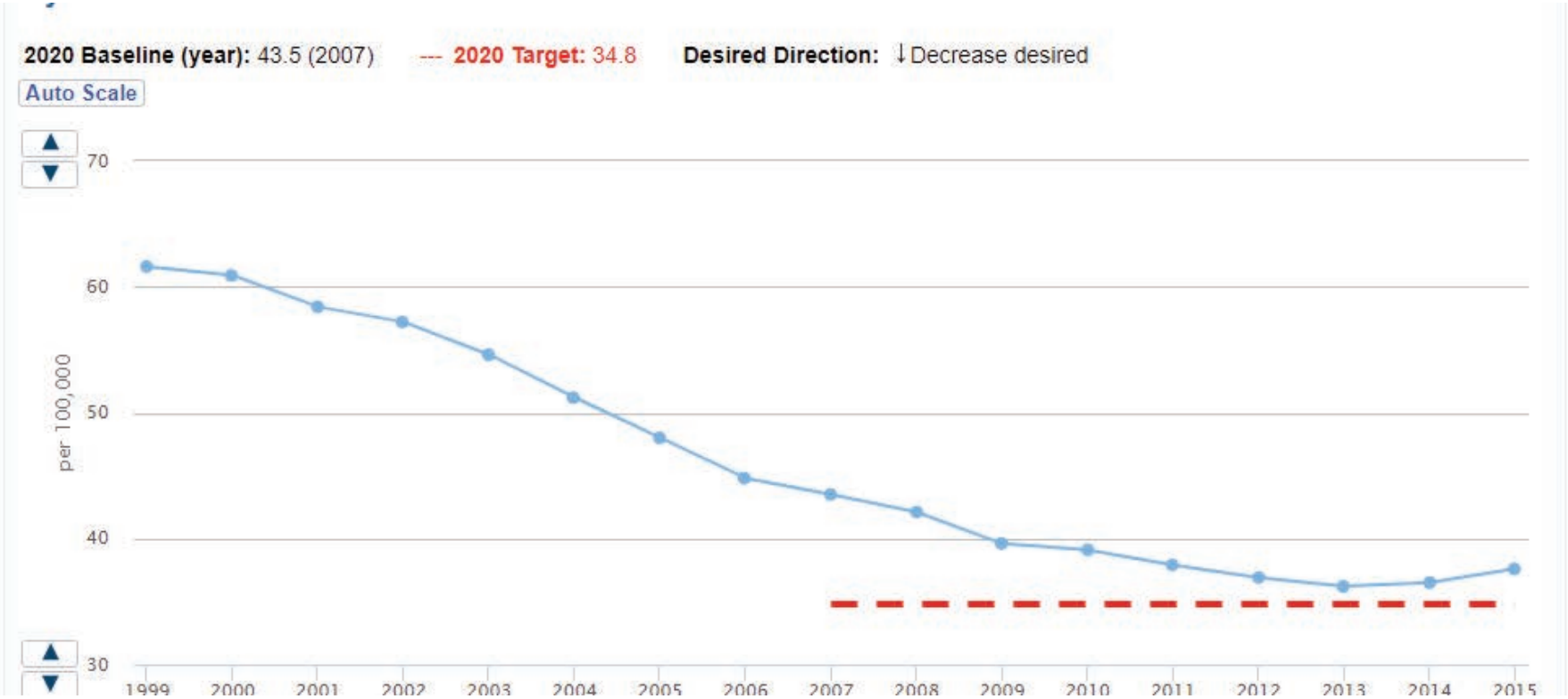
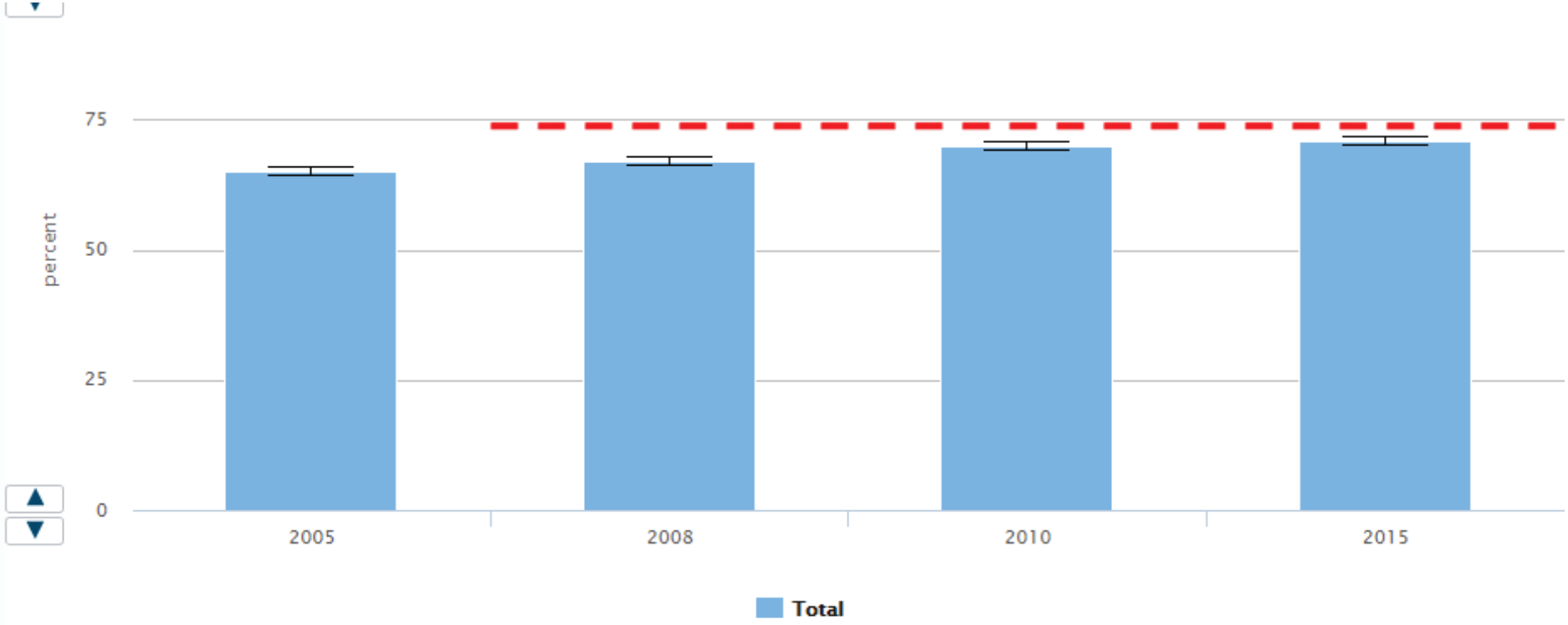


Example: Data Periodicity: C-20.6 Use of protective measures to prevent skin cancer



Overview of Subcommittee's Recommendations

- Timeliness of the Data
  - **Recommendation 1.A.** For Leading Health Indicators (LHIs), data should ideally be made available within one year of the end of data collection.
  - **Recommendation 1.B**. As a selection criterion for LHIs, include the requirement that data be available within one year of data collection.
  - **Recommendation 1.C.** For other Healthy People 2030 objectives, data should be made available no more than 2 years after data collection. collection.
- Rationale
  - Timely data enables earlier assessment of progress, and earlier intervention to meet the objectives' targets.
- Factors to be considered
  - Timeliness depends on a combination of factors: quality control and processing after collection, the periodicity of data collection, and the data agency's capacity to mange the full set of objectives (now about 1,300) for editing and analyses.

Overview of Subcommittee's Recommendations

- Periodicity of the Data
  - **Recommendation 2.A:** Data collection should ideally occur annually for LHIs, or at least every two years for other objectives. Data sources that do not meet these standards for periodicity of the data are encouraged to increase their periodicity.
- Rationale
  - The frequency of data release is important to ensure that sufficient information is available to support ongoing, constructive public health action.
- Factors to be considered
  - Healthy People data releases are subject to the schedules and statistical designs of data systems as well as the data processing resources data and the HP staff.
  - Some data source designs require at least two years for an adequate sample (for example the National Health and Nutrition Examination Survey).

Overview of Subcommittee's Recommendations

- Number of Required Data Points
  - **Recommendation 3.A.** It is strongly recommended that LHIs have annual data points and other objectives have at least three data points within the decade.
  - **Recommendation 3.B.** To establish reliable trends, data points may include those from a prior decade if comparable in outlining a trend.
- Rationale
  - Currently, Healthy People 2020 objectives are required to have two data points. Two data points may lead to false conclusions about whether the objective's measure is increasing, decreasing or remaining the same.
- Factors to be considered
  - Increasing the number of data points depends on increasing periodicity, and on having adequate resources.

Overview of Subcommittee's Recommendations

- Syndication of Content to Stimulate Data Use
  - **Recommendation 4:** Current data syndication efforts should continue for Healthy People 2030 and, if possible, increase in number.

- Rationale
  - Disseminating data through content syndication has the potential to increase the audience for, and users of, Healthy People.

- Factor to be considered
  - Increasing syndication depends on sufficient staff resources, also conceivably, third parties could be employed. The total number of objectives is also a factor.

Overview of Subcommittee's Recommendations

- New Data Sources and Data Source Standards
  - **Recommendation 5:** When objectives and data sources for Healthy People 2030 are being selected, the quality of the potential data sources should be considered.
- Rationale
  - To date poor data quality has not been an issue, but as new data sources are explored their quality should be assessed.
- Factor to be considered
  - The degree to which a data source meets the OMB federal data standards, or other recognized data standards.

Recognized Limitations

- The subcommittee discussed the challenges of finding high quality data at the state, county or local levels.
    - Use of explicit data standards should be helpful.
- Requiring at least three data points in the decade would ensure that users do not draw false conclusions based on only two data points.
    - It is important to consider how many HP 2030 objectives would be eliminated due to this change.

Proposed Next Steps

- **Progress assessment:** Currently, progress is assessed through: the mid-course review, periodic updates in the data base, monthly LHI webinars, progress reviews on each major topic area, and syndication of data.
    - Issue: Would additional progress assessment be helpful at the state and/or local level?
    - Issue: Should organizations, researchers and others be encouraged to expand the data sources used to assess progress?
- **Encouraging data development at the state and local level:**
    - Issue: Is more data needed at the state or local level for particular population groups or specific objectives?
    - Issue: Would it be helpful to encourage the development and dissemination of such data?

Proposed Next Steps

- **National Data Partnerships**: The subcommittee is discussing the potential for encouraging partnerships in data collection and analysis that would link data sources across the country at various levels and encourage analysis and comparison of progress.
    - Issue: Would such partnerships meet the needs of stakeholders?
- **Summary Measures of Health and Well-being:** The Subcommittee will consider summary measures for Healthy People 2030, and intends to develop recommendations for the full Committee.

Proposed Next Steps

- **Innovation in data:** The Healthy People 2020 has already produced a number of new data tools including midcourse interactive graphics, disparity reporting tools including a widget, and state-level data and maps.

- The Subcommittee will explore other opportunities for innovation in addition to new sources of data, new opportunities for analysis and reporting; the potential of community data; and summary measures.

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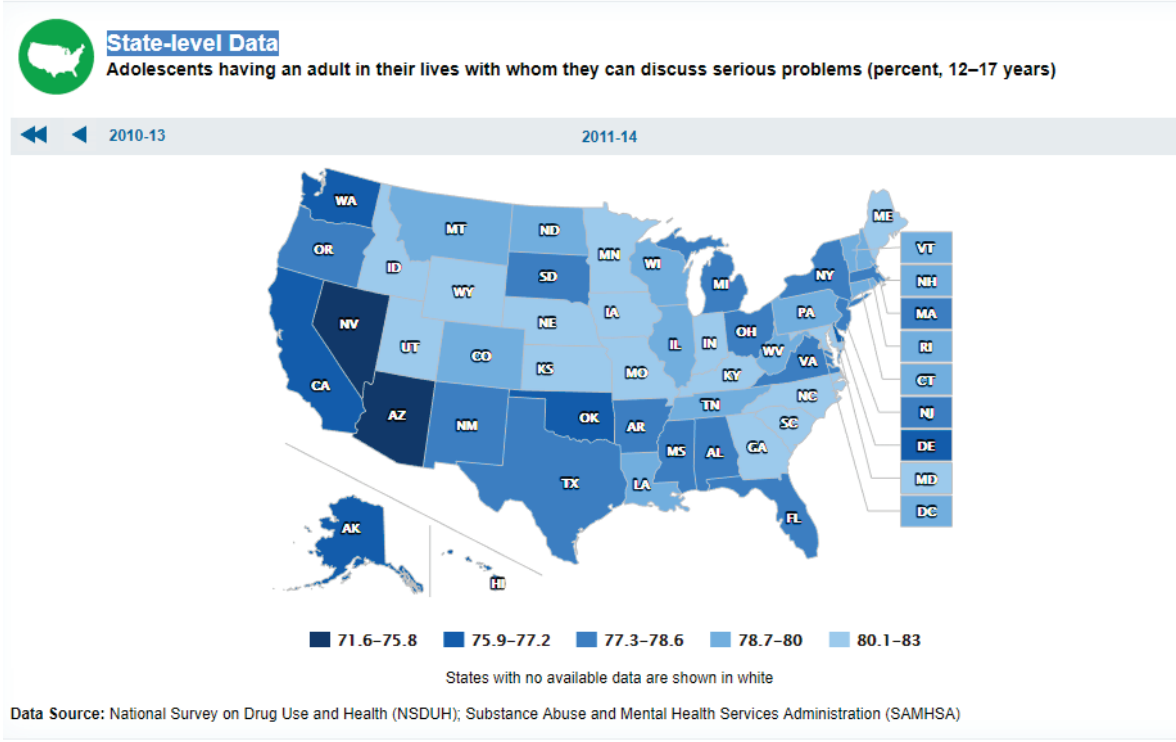


AH-3.1 Adolescents having an adult to discuss problems with

Adolescents having an adult in their lives with whom they can discuss serious problems (percent, 12–17 years)

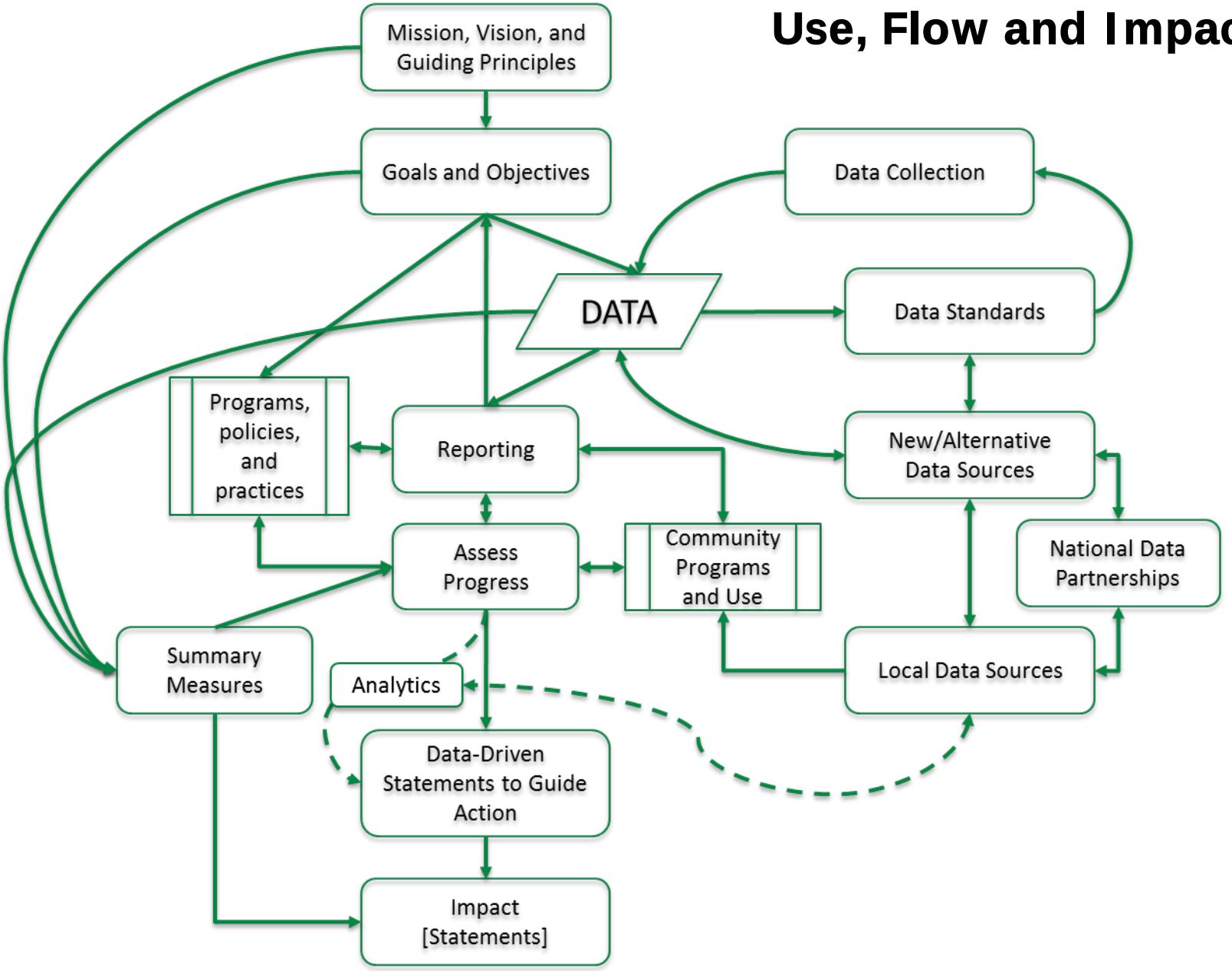
STATES	2009-12	2010-13	2011-14
ALL REPORTING STATES	77.5	78.0	78.5

Flow and Impact of Data

- **Data Diagram**: The Subcommittee is developing a diagram that illustrates the flow and impact of data in the Healthy People program and processes.

- **The Purpose:** To explore the inter-relationships of the Healthy People program components and data to identify influences on data, potential efficiencies and collaborations.

Data in Healthy People: Use, Flow and Impact



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Data Subcommittee Discussion

Moderated by
Edward Sondik, PhD
Data Subcommittee Chair

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Next Steps and Committee Vote

Nico Pronk, PhD, MA, FACSM, FAWHP
Committee Co-Chair

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