

LCDHD Data Analysis Committee



Initial Planning Meeting
August 16th, 2016
1:00 PM ET – 3:00 PM ET

LCDHD Data Analysis Committee Members Present:

Tracy Aaron, LCDHD Health Policy and Promotions Director
Shawn Crabtree, LCDHD Executive Director
Amanda England, LCDHD Senior Epidemiologist
Amy Tomlinson, LCDHD Preparedness Program Manager
Christine Weyman, LCDHD Medical Director

Mr. Crabtree's Expectations for Committee

Through the PHAB Site Visit, LCDHD was found to not conduct enough data analysis. LCDHD collects and reports data, but does not conduct analysis of the data collected/reported. It is implied that LCDHD should look at data as collected in attempt to find root causes then drive strategic thinking to address the root cause.

Members of this committee consist of those LCDHD representatives in attendance at today's meeting. Amanda, as Epi, is thought to be the lead for data collection for the agency. Amanda is to review the data as collected, looking for any trends then to report to the committee for addressing potential issues; may need to consider expansion of the health report card to include additional data.

Referenced information as sent in email – Strategic Plan

The counties within the LCDHD coverage area have many problems, may be able to focus on a selection rather than trying to address all. Look at data, select maybe two items to analyze.

Steps in Process:

Collect data (Community Health Assessments, National/State level data). Data is collected elsewhere; LCDHD organizes the information as received.

Analyze data – To be conducted by the Data Analysis Committee. Amanda should bring items that stand out through data review to the Committee. The Committee will then select which of those can feasibly be addressed, noting reasoning for selections. Some of the strategies may be tasks already under progress by an LCDHD program. Solutions may be identified for which funding/resources do not exist for LCDHD, the plan then would become to present to community health coalitions to see if they would be willing/able to take up and address. Suggestion made to include all identified problems discussed in the community health improvement plan in order to create an atmosphere of support from district level to local; may also consider seeking grants as available/appropriate.

Report data – Via the Report Card. At present, this data is somewhat analyzed through the assignment of the score for each disparity. Need to take further and determine what is occurring in the county to create the low score (root cause followed by focused efforts to address).

LCDHD Data Analysis Committee



Initial Planning Meeting
August 16th, 2016
1:00 PM ET – 3:00 PM ET

Committee Discussion

Plan to report annually with detailed outcomes of items addressed.

Health disparities need to be kept in mind.

Problem – gathering own data due to time constraints. Surveys need to be conducted in order to collect data.

Goal of today is not to identify issue, but to determine how/where to collect data.

Consider use of reportable disease data, making selection for issues to address (may not be as helpful to Tracy due to need to include CHA items of interest).

CHA includes the following - Community Themes and Strengths, Forces of Change Assessment, Data pulled from various community health status assessments (county health ranking, risk factors, etc.)

Suggestion made for Community Coalitions to create subgroups (data analysis committee) to address disparities and bring back to coalition at large.

Look at best, most current data for agency – reportable disease data; difficult to look at old data and see an outcome.

Both Health Ed (Socioeconomic determinants) and Epi need to conduct analysis, there may be an overlap. Difficult to change socioeconomic issues, may be more feasible/realistic to possibly affect epi issues.

Some of data collected historically may have been more qualitative as opposed to quantitative. Questionnaire developed to address, disseminated through coalition who turn data in and HPP keys in. LCDHD HPP used the MAPP process in original collection.

Discussion to include Environmental Health data in data analysis process.

Possible Issues to Address

Hep C data can be gathered for counties. May consider identifying Hep C rates as an issue, opportunity to decrease rates with strategy to implement needle exchange program to address. (Acute cases are the only ones reportable in KY; changing in October 26 to include chronic cases). If controlling Hep C then hopefully also controlling HIV in population – tying in Ryan White program.

- Vital Stats and Morbidity Data (2008 is the most current data for many items)
- County Health Ranking (updated annually)
- Census

LCDHD Data Analysis Committee



Initial Planning Meeting
August 16th, 2016
1:00 PM ET – 3:00 PM ET

- NEDSS (Real time data for reportable diseases)

Consider partnering with ASAP board to address drug issues

Smoking rates have decreased in all counties; there are things LCDHD can do to address further.

Info for Data Analysis Committee: McCreary and Wayne Co chosen as Bright Spots for Robert Wood Johnson – meeting in September. 17 cities chosen.

Action Steps

Collect Data – Community Health Assessments (LCDHD developing survey to include collection from underserved populations) as well as Reportable Disease Data. Suggestion made to include Environmental Health data in this process.

- Tracy and Dr. Weyman to develop surveys for upcoming CHA making more quantitative vs qualitative (keeping in mind the data for which PHAB desires to be qualitatively analyzed).
- Amanda to review reportable disease data and determine what issues can be positively impacted (LiveStories – raw data confirmed/unconfirmed cases over last FY). Change raw data to rates, select items that stand out – through comparison to state/national data as available.
- Tracy – consider pulling information from the smoking chart as presented by Dr. Weyman, to guide discussions until new survey data available. Initial plan to have pilot project survey sent out by September, data collected by mid-October.
- Amanda –pull reportable disease data by mid-October

Analyze data – Using LiveStories platform (data has to be appropriately entered. Melinda Smith becoming proficient; she, along with Amanda England, will likely be the data entry staff). Identify two target areas to focus improvement efforts from key identifiers from CHA and Reportable Disease Data (identified as infectious disease in District Report Card).

Report data – through the District Health Report Card and the Community Health Assessments; Amy and Amanda to work towards merging the two for efficiency and to avoiding duplicative reporting. Present to Board on annual basis (Amanda reports reportable disease each September, changing to December for 2016 to ensure availability of analysis)

- Report findings to LCDHD Executive Committee at February Executive Staff Meeting. Then present any necessary findings at the March Board of Health meeting and be able to adjust budgets as necessary.

Implementing Strategies – Program level. Work through LHD but also through community health coalitions.

LCDHD Data Analysis Committee



Initial Planning Meeting
August 16th, 2016
1:00 PM ET – 3:00 PM ET

General

Amy to follow-up with Environmental for potential inclusion in Data Analysis Committee.

Planning to meet at least bi-annually (fall and spring prior to budgeting)

Next Meetings:

October 19th, 2016 10:00 AM ET

February 14th, 2017 1:00 PM ET

Meeting adjourned at 2:34 PM ET.

LCDHD Data Analysis Committee



Initial Planning Meeting
 August 16th, 2016
 1:00 PM ET – 3:00 PM ET



Data Analysis Committee Meeting SIGN-IN SHEET

Date: August 16, 2016

Time: 1:00 PM ET

FIRST NAME	LAST NAME	AGENCY/DEPARTMENT	CONTACT INFORMATION
Amy	Tomlinson	LCDHD Preparedness	606 875-7904
Amanda	England	LCDHD Epi	606-875-9737
Nancy	Aern	LCDHD - HPP	606-875-2693
Shawn	Crabtree	LCDHD	606-678-4761
Christie	Weyna	LCDHD	" "