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EDMUND G. BROWN JR.  
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May 4, 2012

Ms. Elisa Munthali  
National Quality Forum  
1030 15th St, NW, Suite 800  
Washington, DC 20005

Dear Ms. Munthali and the Population Health Steering Committee,

We welcome the opportunity to contribute our observations and comments to the National Quality Forum's (NQF) call for indicators. Over the next 2 years, the California Department of Public Health (CDPH) will be making a considerable effort to research and develop a set of "Healthy Community Indicators" that includes much of the content of the social determinants of health as outlined in the NQF's commissioned paper authored by Drs. Teutsch and Jacobson. Because our "Healthy Community Indicators" project is just getting off the ground, we do not have a final list of indicators that meets all the NQF's requirements for submission at this time. Nonetheless, we would like to share our experience, which you may find useful as you go forward.

### Frameworks

In the attachments to our March 28, 2012 email, we described the Healthy Community Framework (Table 1) and the months long, grassroots community engagement process that informed the creation of the framework. This framework is the work product of an ongoing Health in All Policies Task Force convened by the California Department of Public Health (CDPH) and composed of high level representatives of 18 non-health state agencies. The task force is part of the Strategic Growth Council, which was created by the California legislature in 2007 to coordinate state efforts on environmental and economic sustainability. In addition to the academic-based socioecologic models used by several California local health departments to describe the health status of their communities, CDPH was also influenced by the Bay Area Health Regional Inequities Initiative ([www.barhii.org/programs/download/conceptual\\_framework.pdf](http://www.barhii.org/programs/download/conceptual_framework.pdf)), whose framework is more explicit about the role of institutions and policies in the health inequities than many other frameworks and logic models.

CDPH Draft, Preliminary, Core Indicators

While we have been able to assemble a draft, preliminary, core list of indicators using criteria consistent with criteria NQF uses for its indicators, we have not had sufficient time to vet each or conduct pilot implementation projects with local health departments and other stakeholders on their use in their organizations. The criteria include:

- Validity (measures what it purports to measure)
- Reliability (statistical stability)
- Evidence of a relationship to health outcomes
- Understandable and useable to a broad range of users
- Data source owner that is administratively and/or legally responsible for the content
- Data that are (ideally) frequently updated at 1 to 5 year intervals with a 1- to 3-year lag from current calendar year
- Geographically refined, ideally at the level of a census tract
- Stratifiable by race/ethnicity, income, place, and other covariates for equity analysis
- Consistency with indicators already in use by members of the Health in All Policies Task Force for strategic planning or program evaluation
- Technically feasible given existing resources for data acquisition, geoprocessing, analysis, interpretation, and reporting.

In the following pages (Table 2) we provide side-by-side comparison of our draft, preliminary core list with some of the indicators for the social determinants of health that were suggested as examples in the NQF commissioned paper. In the Call, NQF has stated that priority will assigned to “measures based on existing national, state, or local measurement and planning.” We recognize that it will be challenging for a national project such as yours to harmonize indicators when state or local data without a national equivalent are preferred by state or local organizations because of real or perceived advantages due to data quality, geographic refinement, or their use in existing business processes.

Please do not hesitate to contact me ([Neil.Maizlish@cdph.ca.gov](mailto:Neil.Maizlish@cdph.ca.gov)) if you have any questions or comments. As our project moves forward, we will gladly share our progress with you and we welcome your feedback and opportunities like this for a mutual exchange of information.

Sincerely,



Neil Maizlish, PhD, MPH  
Epidemiologist,  
Center for Chronic Disease  
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### **Table 1. What is a Healthy Community?**

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A Healthy Community provides for the following through all stages of life:

► **Meets basic needs of all**

- Safe, sustainable, accessible and affordable transportation options
- Affordable, accessible and nutritious foods and safe drinkable water
- Affordable, high quality, socially integrated and location-efficient housing
- Affordable, accessible and high quality health care
- Complete and livable communities including quality schools, parks and recreational facilities, child care, libraries, financial services and other daily needs
- Access to affordable and safe opportunities for physical activity
- Able to adapt to changing environments, resilient, and prepared for emergencies
- Opportunities for engagement with arts, music and culture

► **Quality and sustainability of environment**

- Clean air, soil and water, and environments free of excessive noise
- Tobacco- and smoke-free
- Green and open spaces, including healthy tree canopy and agricultural lands
- Minimized toxics, greenhouse gas emissions and waste
- Affordable and sustainable energy use
- Aesthetically pleasing

► **Adequate levels of economic, social development**

- Living wage, safe and healthy job opportunities for all, and a thriving economy
- Support for healthy development of children and adolescents
- Opportunities for high quality and accessible education

► **Health and social equity**

► **Social relationships that are supportive and respectful**

- Robust social and civic engagement
  - Socially cohesive and supportive relationships, families, homes and neighborhoods
  - Safe communities, free of crime and violence
- 

Source: Rudolph L, Sisson A, Caplan J, et al. Health in All Policies Task Force. Report to the Strategic Growth Council. Sacramento, CA: Strategic Growth Council. December 3, 2010 ([/www.sgc.ca.gov/docs/workgroups/HiAP\\_Final\\_Report\\_12.3.10.pdf#page=22](http://www.sgc.ca.gov/docs/workgroups/HiAP_Final_Report_12.3.10.pdf#page=22)).

**Table 2.** Indicators Used to Assess the Determinants of Health: Examples from NQF Commissioned Paper and CDPH Preliminary, Draft Core List (4/6/2011)

Determinants of health	Indicator/Measures Commissioned Paper	CDPH Preliminary Draft Core List (4/6/2011)
• Social	• poverty level	• Overall and child (0 to 18 years of age) poverty rate <sup>1</sup>
	• high school graduation rates	<ul style="list-style-type: none"> <li>• Percent of population aged <math>\geq 25</math> years by educational attainment<sup>1,2</sup></li> <li>• Percent of children who are kindergarten ready<sup>3,4</sup></li> <li>• Number of licensed daycare center slots per 1000 children aged 0-4 years<sup>3,5</sup></li> <li>• Mean score of Academic Performance Index (API) or percentage of students below and far below proficient rating on math and English language standard tests (2-11 grades)<sup>6</sup></li> </ul>
	• exposure to crime and violence, neighborhood safety	• Reported crime rate by type of crime <sup>6</sup>
	• affordable and adequate housing	<ul style="list-style-type: none"> <li>• Percent of household income spent on rent or mortgage<sup>1,7</sup></li> <li>• Percent of households in overcrowded conditions<sup>1,7</sup></li> <li>• Housing to jobs ratio<sup>8</sup></li> </ul>
		<ul style="list-style-type: none"> <li>• Unemployment rate<sup>1,9</sup></li> <li>• Number and rate of fatal and nonfatal occupational injuries by industry<sup>10</sup></li> <li>• Percent of adults age <math>\geq 18</math> years who are registered voters<sup>1,11</sup></li> <li>• Percent of children (&lt;18 years) reported with neglect or physical or sexual abuse<sup>12</sup></li> <li>• Percent of adults (18-65 years) who report physical or sexual violence by an intimate partner<sup>6</sup></li> <li>• Opportunities for engagement with arts, music and culture*</li> <li>• Adaptability to changing environments, resilient, and prepared for emergencies*</li> </ul>

\* Under development

**Table 2.** Continued

Determinants of health	Indicator/Measures Commissioned Paper	CDPH Preliminary Draft Core List (4/6/2011)
<ul style="list-style-type: none"> <li>• Environmental</li> </ul>	<ul style="list-style-type: none"> <li>• built environment (transportation options, availability of healthful foods, availability of recreational facilities and parks, neighborhood walkability)</li> <li>• exposure to environmental hazards (air, water, food safety)</li> <li>• natural environment (e.g. access to green space, protection from natural disasters)</li> </ul>	<ul style="list-style-type: none"> <li>• Percent of working population walking 10 or more minutes per day on their journey to work<sup>1</sup></li> <li>• Percent of residents mode of transportation to work<sup>1</sup></li> <li>• Percent of population located &lt;½ mile of a regional bus/rail/ferry &amp;&lt;¼ mile local bus/light rail<sup>13</sup></li> <li>• Percent of household income spent on travel<sup>14</sup></li> <li>• Average weekly cost of a market basket for food items relative to income<sup>15</sup></li> <li>• Retail food environment index<sup>16</sup> [e.g. number of fast-food restaurants and convenience stores/total number of supermarkets and produce vendors (produce stores and farmers markets)]</li> <li>• Number of days per year geographic area exceeds ambient air standards for criteria pollutants (ozone and PM2.5)<sup>17</sup></li> <li>• Pounds of toxic chemicals generated by reporting facility per capita/geographic area<sup>18</sup></li> <li>• Miles traveled per capita by mode (car, public transit, walk/bike)*</li> <li>• Neighborhood Completeness Index<sup>16, 19</sup> (&lt;½ mile radius for 8 out of 11 common public services and 9 of 12 common retail services)</li> <li>• Annual per capita GHG emission<sup>20, 21</sup></li> <li>• Percent of residents within ½ mile of park, beach, open space, or coastline<sup>22</sup></li> <li>• Acres of parkland per population<sup>22</sup></li> <li>• Acres of cropland converted to developed land<sup>23</sup></li> <li>• Tree canopy coverage (urban areas)<sup>24</sup></li> <li>• Drinking water quality (percent of the population served by water systems meeting regulations of the Safe Drinking Water Act)<sup>25</sup></li> <li>• Average daily water use per capita<sup>26</sup></li> <li>• Total waste diversion (per capita disposal rate)<sup>27</sup></li> <li>• Energy costs relative to household income*</li> <li>• Percent of electricity from renewable sources<sup>28</sup></li> </ul>

\* Under development

**Table 2.** Continued

Determinants of health	Indicator/Measures Commissioned Paper	CDPH Preliminary Draft Core List (4/6/2011)
<ul style="list-style-type: none"> <li>• Health Services</li> </ul>	<ul style="list-style-type: none"> <li>• access to health care services and insurance coverage</li> <li>• unmet health needs or delayed care</li> </ul>	<ul style="list-style-type: none"> <li>• Percent of adults aged 18 - 64 years without health insurance<sup>16, 19</sup></li> <li>• HEDIS primary care indicators related to patient satisfaction<sup>29</sup></li> </ul>
<ul style="list-style-type: none"> <li>• Behavioral</li> </ul>	<ul style="list-style-type: none"> <li>• Rates of tobacco use, alcohol misuse, physical inactivity, and unhealthy diet</li> </ul>	<ul style="list-style-type: none"> <li>• Percent of adults who consume <math>\geq 5</math> servings of fruits &amp; vegetables a day<sup>†</sup></li> <li>• Prevalence of smoking in adults<sup>30</sup> and youth<sup>31, 32</sup></li> <li>• Proportion of adults getting moderate/vigorous daily exercise<sup>30</sup></li> </ul>
Health and Social Equity		<ul style="list-style-type: none"> <li>• <u>Race/ethnicity equity</u> score as a composite of multiple core indicators, including median income<sup>1</sup></li> <li>• <u>Income Inequality</u>: Gini coefficient describing the amount of total annual community income generated by the number of households<sup>1</sup></li> <li>• <u>Place-based equity</u> score as a composite of multiple core indicators calculated for census tracts</li> <li>• <u>Displacement</u>: 5-year change in number of households by income and race/ethnicity</li> </ul>

\* Under development

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