

Healthier New Brunswick - An Overview of the Shared Measurement Development Process

Background

In early 2015 Healthier New Brunswick (HNB) engaged TCC Group to help develop a shared measurement system for the initiative. HNB had already taken several initial steps including assessing the landscape of existing health indicators and identifying data collection challenges, the results of which were presented in the report *Survey of New Brunswick, N.J. Data: Measurement to Promote a Healthier New Brunswick*. With this background work accomplished, HNB's goal was to develop a system of core indicators that can measure the future success of health and wellness efforts across the City of New Brunswick.

In applying a best practices lens¹ to shared measurement development HNB had many of the foundational conditions in place necessary for building a shared measurement system, including:

- strong support from a committed group of leadership in healthcare, academia, nonprofit, government, and private sectors
- a body of existing work and community workgroups upon which to build
- initial funding support, both monetary and non-monetary
- existing mechanisms for collecting data and working with the community towards health outcomes
- an understanding of its own demographics, where data is collected, and where challenges exist, and
- a drive to address the community's lack of coordinated evidence.

HNB's overarching purpose for a shared measurement system would be to:

1. provide focus and help ensure alignment of HNB's efforts,
2. allow for longitudinal data collection and the measurement of progress towards HNB goals, and
3. help increase the capacity of New Brunswick to address and achieve health outcomes.

With these goals in mind, the shared measurement development process was organized around three phases: (1) the prioritization of key areas of focus for the initiative, (2) the prioritization of core indicators to measure progress against the desired outcomes within those areas of focus, and (3) the creation of a framework to help collect, analyze and use relevant data in an ongoing and systematic way. Of utmost importance throughout the project was to maintain HNB's collective impact approach and to continue to engage the community on the health issues and measures that were relevant to New Brunswick. The remainder of this document provides detail on each of the three phases used to develop HNB's shared measurement system.

¹ Sources include: (1) Ógáin, Eibhlín Ni, Marina Svistak, and Lucy De Las Casas. *Blueprint for Shared Measurement*. Rep. Inspiring Impact, Mar. 2013. Web. and (2) Kramer, Mark, Marcie Parkhurst, and Lalitha Vaidyanathan. *Breakthroughs in Shared Measurement and Social Impact*. Rep. FSG, July 2009. Web.

Phase I: Prioritizing Health Issues

In order to create a focus for HNB’s shared measurement system, community organizations that work directly with New Brunswick residents on health and well-being issues were asked for their input. First, a short survey was sent to 153 individuals representing a broad cross-section of New Brunswick (nonprofit organizations, k-12 public schools, pre-schools, private sector, faith-based organizations, hospitals, health clinics, Rutgers University, community farmers market, city of New Brunswick, county health representatives, the Center for State Health Policy, social service agencies, Snap-Ed programs, and local residents). The survey had a 43% response rate (n=66). Survey items asked about the most important health issues to gauge the overall health and well-being of New Brunswick. Respondents were also asked about the most important social and built environment issues that affect the prioritized health issues. (For the complete survey and survey results, please see Appendices A and B.)

Responses from the survey were analyzed by TCC Group and all of the individuals and community organizations were invited to a community convening that was held on May 13, 2015. Approximately 59 individuals attended the convening. The shared measurement portion of the convening was facilitated by TCC Group and was used to more fully introduce the idea of a shared measurement system, outline the phases of the shared measurement system development project, and come to a consensus on the focus areas for New Brunswick’s shared measurement system. (For the complete meeting agenda, please see Appendix C.)

To position HNB’s shared measurement system to address root causes in order to create lasting and meaningful change within New Brunswick, participants at the convening discussed the two social issues that had been prioritized through the survey – poverty and education. Participants discussed how these two social issues greatly affected the community’s ability to achieve sustainable health outcomes within New Brunswick.

Social issues that most affect the health and well-being of New Brunswick residents:	Poverty
	Education

Next, through the use of wall-size Likert scales, participants rated the top six health and well-being issues prioritized through the survey (mental health, access to care, nutrition, diabetes, physical activity, and substance abuse) on their correlation with poverty and education. The health issues that were most highly correlated, and therefore most needed to be addressed in order to create sustainable health outcomes, were identified as: Access to Care, Nutrition, and Mental Health.

Health issues prioritized for HNB shared measurement:	Access to Care
	Nutrition
	Mental Health

Participants then discussed a variety of built environment issues (such as affordable housing, access to parks, access to fresh foods, walkability, access to public transit, etc.) and identified the ones that have a significant effect on access to care, nutrition, and mental health in New Brunswick. The importance of each built environment issue varied by health issue. (For a full list of the tallies and prioritizations made through this community convening, please see Appendix D.)

At the conclusion of the session, indicator workgroups were formed for each newly prioritized health issue areas (Access to Care, Nutrition, and Mental Health). These workgroups were charged with taking the community input on built environment issues and working to identify core measures for each health issue area (Phase II).

Phase II: Developing and Prioritizing Measures and Indicators

This phase began with the construction of an indicator bank for each of the three health issue areas (Access to Care, Nutrition, and Mental Health). The indicator banks brought together indicators identified in HNB's *Survey of New Brunswick, N.J. Data* report, indicators for the built environment issues identified in Phase I, and indicators compiled from a review of other community initiatives and literature². HNB's working definition of an indicator was: evidence or data which provide an indication of performance in terms of a relevant variable or an agreed vision of success. For example, "percentage of New Brunswick children who are obese".

The indicator banks were then sent out to the respective indicator workgroups for review. Workgroups were comprised of 8-10 members each, and members were asked to utilize their content expertise to denote if their organization was currently collecting the indicator, identify any additional places where the indicator may be collected in New Brunswick, and add in any recommended indicators to the bank. TCC Group then compiled all workgroup responses into a single, revised indicator bank for each workgroup.

Each of the workgroups then met separately for their own indicator prioritization session between June 22-24, 2015. In these sessions the groups established clear definitions of their respective health issue area and set criteria for prioritizing the indicators from the indicator bank. Specifically, HNB indicators were to be: (1) a valid measure of improvement in New Brunswick, (2) important for New Brunswick as a whole/relevant across multiple segments of the population, (3) feasible to gather and report, (4) available consistently over time, and (5) easily understandable and relatable to local stakeholders. (For a complete list of the issue area definitions and criteria used in this meeting please see Appendix E.)

As was emphasized within the community convening, it was again important to remember that HNB core indicators should be ones that multiple health services and programs across the city can tie back to, and that choosing the indicators did not limit what individual programs and organizations would be able to collect for other purposes. Using these criteria, each workgroup then prioritized five indicators that

² Sources included: Healthy People 2020, RWJF County Health Rankings, and CDC's Behavioral Risk Factor Surveillance System to name just a few.

they felt defined what would constitute improvement in each health area (Access to Care, Nutrition, and Mental Health) for New Brunswick. As the workgroups worked through the process they paid particular attention to what each indicator would illuminate for New Brunswick, how easily the data could be accessed, and what would need to change within New Brunswick in order to see movement on the indicators. The groups also considered different units of analysis (individual, facility/organizational, built environment levels) and aimed to get a spread of indicators that would occur across shorter and longer timeframes. Due to the complexity of some of the indicators, work continued on the indicators beyond the sessions where further research and discussions were held until the final proposed set of indicators could be arrived upon. These indicator sets were then handed off to a reporting and analysis workgroup for the next phase of work.

Phase III: Reporting and Analysis Framework

Once a proposed set of indicators was created for HNB, the aim of the third phase was to further explore how data collection and reporting processes could be established within New Brunswick. For this a Reporting & Analysis (R&A) workgroup was formed of nine individuals with relevant experiences in health data collection in New Brunswick. Then, an indicators questionnaire was developed and R&A workgroup members were asked to assess the current status of data collection of each indicator within New Brunswick, places where the indicator could reasonably be collected in New Brunswick, and anticipated data collection challenges and how those could be addressed. (For the full set of questions asked on the indicator questionnaire, please see Appendix F.) TCC Group compiled questionnaire responses in preparation for an in-person working session.

On September 10, 2015, the R&A workgroup came together for a working session. In this session the workgroup members again worked through identifying current and potential sources of data collection, and identifying data collection challenges. The workgroup was charged with coming to a final recommendation for the data collection process (es) associated with each of the indicators.

Of particular importance to the workgroup was the consideration of existing community data collection processes that could be built upon (e.g., New Brunswick Tomorrow surveys, social service agencies) and identifying where gaps in overall data collection across New Brunswick exist (e.g., assessing the capacity of New Brunswick's organizations as a whole). Due to the complexity of gathering data on some of the initially proposed indicators, the wording of some indicators was tweaked in order to come up with a more feasible indicator for New Brunswick. A list of the final indicators and the status of their current data collection plans (at the time of this report) is included as Appendix G.

As is detailed in the table in Appendix G, data collection for individual level indicators is centered on integration into the existing New Brunswick Tomorrow/Eagleton Institute bi-annual survey. The need for a community organizations capacity survey to assess organizational level indicators was identified and this survey will need to be developed. Finally, HNB has already begun conversations with individual agencies and organizations to coordinate data collection on specific indicators.

Next Steps

As Healthier New Brunswick set out to finalized data collection plans and begin to plan for data analysis and use, a number of strategic questions have surfaced that will need to be addressed for the initiative. These questions include:

- Should HNB narrow the list of 15 indicators down to a smaller number of “core indicators”?
- Should HNB create an index for each health area that then could get rolled up to a “score” for that area?
- Does HNB manage all data collection or does it look for anchor organizations in each area to take ownership?
- At this point in time, what specific asks will HNB make of which stakeholders?
- How does HNB want to “bind” the capacity and engagement exploration around the prioritized indicators?

Once these questions have been addressed, it will be critical to return to creating formalized plans for HNB’s data collection, storage, aggregation, analysis, and reporting processes.

Credits:

This document was authored by Lisa Frantzen and Jared Raynor of TCC Group with contributions by Eric Jahn and Maria B. Pellerano of Rutgers Robert Wood Johnson Medical School. Healthier New Brunswick’s leadership team provided input throughout the project. In addition to Eric Jahn and Maria B. Pellerano, these members included: Shaun Mickus and Bonnie Petrauskas of Johnson & Johnson, Jennifer Bradshaw and Mayor James Cahill of the City of New Brunswick, and Jaymie Santiago and Manuel Castañeda of New Brunswick Tomorrow.

This project was generously supported by a gift from Johnson & Johnson to Rutgers Robert Wood Johnson Medical School, Office of Community Health.

Appendix A – New Brunswick Community Survey Administered April 28-May 4, 2015

1. From your perspective, what are the five most important health issues to gauge the overall health and well-being of New Brunswick?
 - Access to care
 - Asthma
 - Diabetes
 - Domestic violence
 - HIV and AIDS
 - Lead
 - Mental health
 - Nutrition
 - Oral health
 - Physical activity
 - Reproductive health
 - STDs
 - Substance abuse
 - Tobacco
 - Other (please specify)

2. From your perspective, what are the five most important built environment issues that contribute to or affect the health issues you prioritized in Question 1?
 - Access to fresh foods
 - Access to parks and other recreational facilities
 - Access to public transit
 - Air pollution
 - Biking infrastructure
 - Development
 - Quality, affordable housing
 - Walkability
 - Walking infrastructure
 - Water pollution
 - Other (please specify)

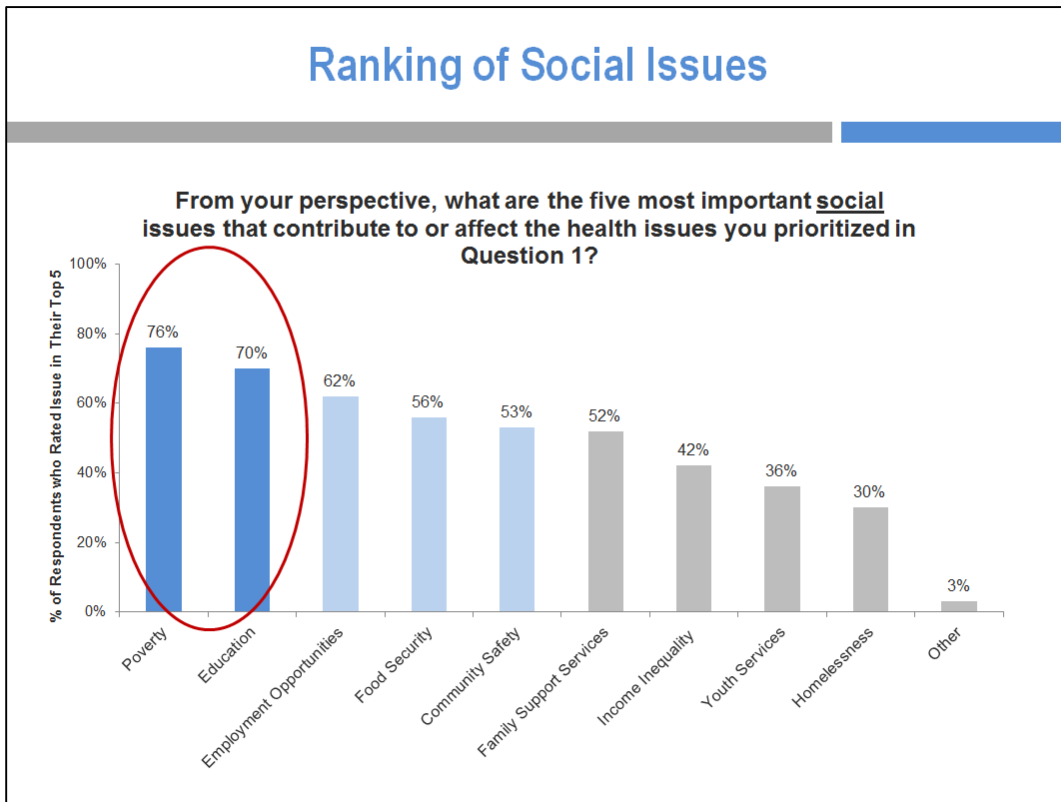
3. From your perspective, what are the five most important social issues that contribute to or affect the health issues you prioritized in Question 1?

- Community safety
- Education
- Employment opportunities
- Family support services
- Food security
- Homelessness
- Income inequality
- Poverty
- Youth services
- Other (please specify)

Appendix B – Survey Findings

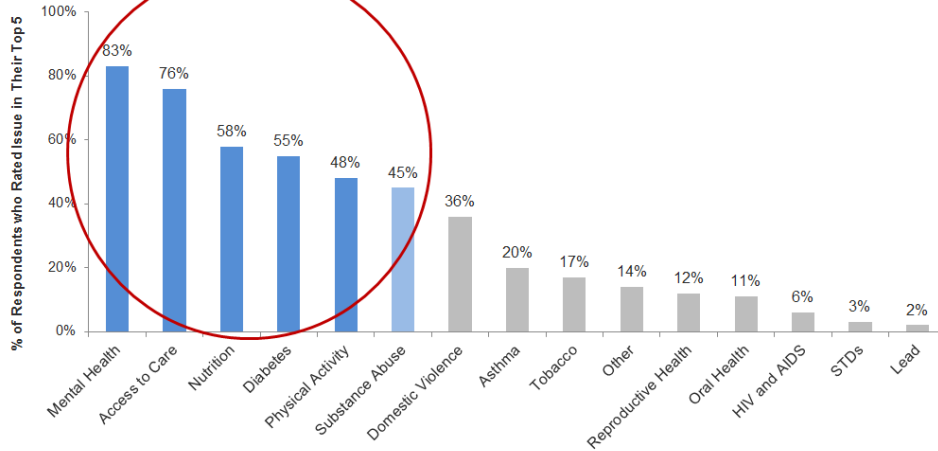
Administered: April 28-May 4, 2015

N=66



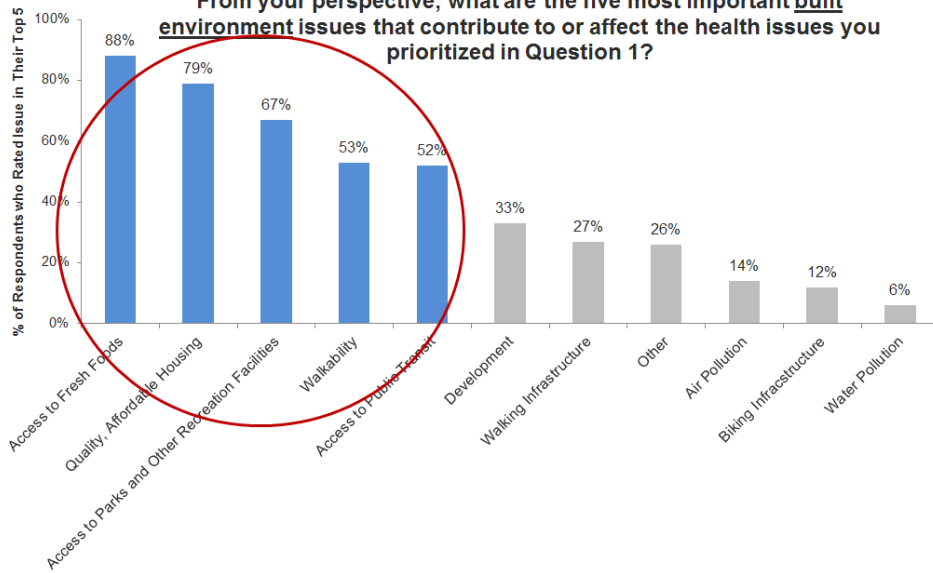
Ranking of Overall Health and Well-Being Issues

“From your perspective, what are the five most important health issues to gauge the overall health and well-being of New Brunswick?”



Ranking of Built Environment Issues

From your perspective, what are the five most important built environment issues that contribute to or affect the health issues you prioritized in Question 1?



Appendix C – Meeting Agenda for New Brunswick Community Convening May 13, 2015

Healthier New Brunswick – Setting Shared Measurements

Wednesday, May 13, 2015 • 10am-2pm • Rutgers Center for State Health Policy, 1st Floor Conference Room

Objective: Healthier New Brunswick is identifying areas of focus in which it will set core indicators to gauge success in improving the health of the community. Moreover, HNB will set a framework by which it can continue to build and monitor progress across the community.

AGENDA

- I. **Welcome Remarks (5 min)**
Jim Cahill, Mayor
City of New Brunswick

- II. **Healthier New Brunswick / LIVE WELL-VIVIR BIEN NEW BRUNSWICK™ (10 min)**
Jaymie Santiago, Director of Program Operations
New Brunswick Tomorrow

- III. **Introduction: Shared Measurements Project and the TCC Group (5 min)**
Eric Jahn, MD, Senior Associate Dean for Community Health
Maria Pellerano, Assistant Professor, Family Medicine & Community Health
Rutgers Robert Wood Johnson Medical School

- IV. **Setting Shared Indicators (100 min)**
Lisa Frantzen, Senior Evaluation Consultant
Jared Raynor, Director of Evaluation
TCC Group

- V. **LUNCH (45 min)**

- VI. **Planning for Policy Change: New Capacity to Support Healthy Community Efforts**
Jeanne Herb, Associate Director, Environmental Analysis and Communications Group
Edward J. Bloustein School of Planning and Public Policy, Rutgers University

- VII. **Adjournment and Next Steps (5 min)**
Eric Jahn, MD, Senior Associate Dean for Community Health
Rutgers Robert Wood Johnson Medical School

Appendix D - Tallies & Prioritizations from New Brunswick Community Convening May 13, 2015

I. Social Issue Lenses

(Prioritized via survey & consistent with prior HNB needs assessments)

- **Poverty**
- **Education**

II. Overall Health & Well-Being Issues Tallies

(Prioritized according to survey and highest correlations with poverty and education)

Poverty correlation:

1. Access to Care – 12
2. Mental Health – 10
3. Nutrition – 10
4. Physical Activity – 5
5. Diabetes – 5
6. Substance Abuse – 5

Top 3 issue areas: Access to Care, Mental Health, and Nutrition

Education correlation:

1. Mental Health – 9
2. Access to Care – 9
3. Nutrition – 8
4. Diabetes – 6
5. Physical Activity – 4
6. Substance Abuse – 1

Top 3 issue areas: Mental Health, Access to Care, and Nutrition

Therefore, overall top 3 issue areas are: **Access to Care, Mental Health, and Nutrition.**

III. Built Environment Issues Tallies

(Groups assessed which built environment issues they felt affected each of the top health & well-being issue areas.)

Access to Care:

1. Access to Public Transit – 14
2. Walkability – 13
3. Quality, Affordable Housing – 4
4. Access to Parks & Other Recreation Facilities - 2
5. Access to Fresh Foods - 0

Mental Health:

1. Quality, Affordable Housing – 13
2. Access to Parks & Other Recreation Facilities – 10
3. Walkability – 8
4. Access to Public Transit – 8
5. Access to Fresh Foods - 4

Nutrition:

1. Access to Fresh Foods – 14
2. Walkability – 12
3. Access to Public Transit – 9
4. Quality, Affordable Housing – 9
5. Access to Parks & Other Recreation Facilities – 0

Built environment issues to be considered within indicator workgroups.

**Appendix E – Health Issue Area Definitions and Indicator Criteria used in Indicator Workgroup
Prioritization Sessions June 24-26, 2015**

Healthier New Brunswick Health Issue Area Definitions		
Issue Area	Definition	Source
Access to Care	Facilitating access is concerned with helping people to command appropriate health care resources in order to preserve or improve their health... Thus access measured in terms of utilisation is dependent on the affordability, physical accessibility and acceptability of services and not merely adequacy of supply. Services available must be relevant and effective if the population is to 'gain access to satisfactory health outcomes'. The availability of services, and barriers to access, have to be considered in the context of the differing perspectives, health needs and material and cultural settings of diverse groups in society. Equity of access may be measured in terms of the availability, utilisation or outcomes of services.	The Royal Society of Medicine Press
Nutrition	Nutrition is the intake of food, considered in relation to the body's dietary needs. Good nutrition – an adequate, well balanced diet combined with regular physical activity – is a cornerstone of good health. Poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity.	World Health Organization
Mental Health	Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.	Department of Health & Human Services

Criteria for choosing Healthier New Brunswick Core Indicators:	
1.	Should be a valid measure of assessing improvement in New Brunswick.
2.	Should be New Brunswick population based (i.e., relevant across multiple population segments and programs).
3.	Data must be affordable to gather & report and produced from a trusted source.
4.	Data should be available consistently over time or we can put in place the processes to do so.
5.	Should be easily understandable and relatable to local stakeholders.

Appendix F – Reporting & Analysis Group Questionnaire

For each of the proposed indicators, please answer the following questions:

Current Status of Indicator Collection

1. Are you aware of anywhere in New Brunswick (NB) where this indicator is currently being collected? If so, please list where.
2. In areas where this indicator is currently being collected, what parts of the population are included in the indicator?
3. In areas where this indicator is currently being collected, what parts of the population are excluded in the indicator?

Potential for Indicator Collection

4. Apart from any areas where this indicator is already collected, where do you think this indicator could reasonably be collected within NB?
5. In the area that you referenced in Question in #4, what parts of the population would be included in collection of the indicator?
6. In the area that you referenced in Question in #4, what parts of the population would be excluded in collection of the indicator?
7. What, if any, challenges do you foresee in collection of this indicator?
8. If you feel that this indicator has too many data collection challenges, what similar indicator would you recommend in its place?
9. Is there anyone else that you think HNB should specifically speak to regarding the ability to collect this indicator? (Consider NB orgs, state level orgs, etc.) If so, please list his/her name, organization and contact information if available.

Appendix G - Healthier New Brunswick Shared Indicators & Data Collection Plan as of March 8, 2016

Indicator	Status of Data Collection Plan
Access to Care	
A-1: Proportion of individuals who are unable to obtain or who delay in obtaining necessary medical care, dental care, or prescription medicines	NBT/Eagleton survey
A-2: Proportion of children, adolescents, and adults who used the oral healthcare system in the past year	NBT/Eagleton survey
A-3: Proportion of persons who have a specific source of ongoing care outside of the hospital	NBT/Eagleton survey
A-4: Hospitalization rate for ambulatory-care sensitive conditions	Hotspotting process
A-5: Proportion of New Brunswick residents that feel language is a barrier to care ³	NBT/Eagleton survey (Additional questions around organizational capacity to address language barriers to be considered for community capacity survey.)
Nutrition	
N-1: Proportion of organizations and institutions that include counseling or education related to nutrition or weight	Consider for community capacity survey
N-2: Proportion of individuals experiencing food insecurity	NBT/Eagleton survey
N-3: Proportion of New Brunswick residents who have access to a food retail outlet that sells fresh fruits and vegetables ⁴	Rutgers Center for State Health Policy
N-4: Fruit/vegetable consumption by adults and children	Rutgers Center for State Health Policy (Currently looking into the data for adults.)
N-5: Proportion of adults and children who meet Physical Activity Guidelines for Americans	Rutgers Center for State Health Policy (Currently looking into the data for adults.)
Mental Health	
M-1: Average number of mentally unhealthy days in past 30 days	NBT/Eagleton survey (Indicator language likely to be adjusted.)
M-2: Proportion of healthcare professionals conducting depression or mood disorder screenings	On Hold
M-3: Proportion of community organizations providing services on stress reduction ⁵	Consider for community capacity survey.
M-4: % of adults or children who have utilized support services that have experienced or witnessed domestic violence.	Working with Elaine Hewins and Women Aware to establish a data collection process. (Some aspects may be considered for community capacity survey.)
M-5: Proportion of New Brunswick residents that feel safe in their neighborhood	NBT/Eagleton survey

³ This indicator was originally proposed as “Proportion of New Brunswick residents that had difficulty communicating with a healthcare provider because of a difference in language”. The wording has been simplified.

⁴ This indicator was originally proposed as “Proportion of New Brunswick residents who have access to a food retail outlet that sells a variety of goods that are encouraged by the Dietary Guidelines for Americans”. The workgroup later felt that since DGA recommendations are around calories and nutrients that the wording for fruits and vegetables would be a better fit.

⁵ This indicator was originally proposed as “Proportion of youth/adults/children who need counseling/therapy/mental health services and receive those services”. Due to the inability to collect the denominator of this indicator, it has been modified to assess the availability of services across the community.