**Cover Sheet for Example Documentation**
**for PHAB Domain** 1 **Standard** 1 **Measure** 1

The following documentation has been submitted to ASTHO for the Accreditation Library as a potential example of Health Department documentation that might meet the PHAB Standard and Measure 1.1.1S. This document is not intended to be a template, but is a reference as state health agencies develop and select accreditation documentation specific to the health department's activities.

**Please note that the inclusion of documentation in this library does not indicate official approval or acceptance by PHAB.**

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| **Document Title:** | Public Health Indicators Workgroup Roster & Public Health Indicators Workgroup Meeting Notes | | | | | | |
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| Document Date: | August 2011 | | | | | | |
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| Version of Standards and Measures Used: 1.0 | | | | | | | |
| Related PHAB Standard and Measure Number | | | | | | | |
| Domain: | 1 | Standard: | 1 | Measure: | 1 | Required Documentation: | 1 |
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| Short description of how this document meets the Standard and Measure's requirements:<br><br>Included are a roster of the Public Health Indicators Workgroup, and the August 2011 meeting minutes of the Public Health Indicators Workgroup. More detail is available at http://www.doh.wa.gov/phip/initiative/phi.htm | | | | | | | |
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| **Submitting Agency:** | Washington State Department of Health | | | | | | |
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# PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

## PUBLIC HEALTH INDICATORS WORKGROUP

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*August 2011*

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND HEALTHIER WASHINGTON

# PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

# AUGUST 10, 2011

# PUBLIC HEALTH INDICATORS WORKGROUP

### PARTICIPANTS

| | |
|---|---|
| *Co-Chairs* | Lyndia Tye (Spokane); Jennifer Tebaldi (DOH) |
| *Staff* | Juliet VanEenwyk, Jane Lee, Simana Dimitrova (DOH) |
| *Members* | Amy Riffe (Spokane); Carrie McLachlan (Island); Shannon Hoskins (Clark); Cindan Gizzi, Susan Pfeifer (Tacoma-Pierce); Juliet VanEenwyk, Lauren Jenks (for Glen Patrick), Marcia Goldoft, Riley Peters, Maxine Hayes, Christie Spice, Buffy LaDue (DOH) |

# MEETING NOTES

### WELCOME

*Lyndia Tye*

Lyndia welcomed all and thanked them for their participation.

### UPDATE ON INDICATORS WITH RELEASE SCHEDULE

*Juliet VanEenwyk, Lyndia Tye*

**Air Quality Indicator** – Juliet informed the workgroup about the possible thresholds for this indicator so they a can make decision. Judy Bardin, DOH assisted with technical questions. The following thresholds are in place:

- The US National Ambient Air Quality Standard (NAAQS) for $PM_{2.5}$ (the average concentration of particulate matter 2.5 microns or less measured over a 24 hour period or an annual average) is 35 ug/m3. This is not considered a health-based standard. The Washington Tracking Network uses this threshold, but this may change for consistency with future national Environmental Public Health Tracking Network standards.
- The Washington State Department of Ecology has a goal of 20ug/m3 based on health for sensitive populations.
- WHO and the Puget Sound Clean Air Agency both use 25 ug/m3.
- Canada uses 30 ug/m3.

Another determination that also needed to be made was whether to present a single year of data or average multiple years. Unlike most of the indicators where it is possible to average over multiple years, air quality can swing widely from year to year depending on atmospheric conditions, forest fires, etc. Important information might be lost by averaging. On the other hand, any day above the threshold is an indication of potential air problems that need additional scrutiny, averaging over years might work.

***Decision*** **-**

- The air quality indicator will use $PM_{2.5}$ 24 – hour average of 20ug/m3 , to be protective of sensitive populations.
- This indicator will use annual data with a baseline in 2009 and first update for 2010.

**Poverty Indicator** – Juliet shared information on two data source choices for the poverty indicator; the American Community Survey (ACS) and the Small Area Income and Poverty Estimates (SAIPE) developed by the US Census Bureau.

With ACS, it is possible to get 3-year averages (2007-2009) for 27 LHJs. For the remaining 8 LHJs, 5-year averages (2005-2009) are available. It seems counterproductive to use 5-year averages for all LHJs, given that the poverty situation is currently volatile due to economic recession. Assuming that using ACS is chosen, the following options merit consideration:

- 3-year averages for the 27 LHJs, leaving the others blank
- 3-year averages for the 27 LHJs and 5-year averages for the remaining 8 LHJs with footnotes describing which LHJs have which data
- If 3-year averages provided, 2008-2010 data are due to be released in October 2011. 2007-2009 data could be used now or wait for the November release of this indicator with the 2008-2010 data. (The new 5-year averages are not due until December 2011, which might argue for the 1st bullet above)

The 2009 annual poverty estimates by county are the Small Area Income and Poverty Estimates (SAIPE) that the US Census Bureau develops annually - www.census.gov/did/www/saipe/about/index.html. The Census Bureau feeds data from a variety of sources [e.g., American Community Survey (ACS), SNAP (aka food stamps), tax info, population estimates] into regression models and develops estimates with 90% confidence intervals. Counties could easily be combined for LHJs, as needed.

The most current SAIPE estimates are for 2009, using data from 2007-2009 depending on the source. Because the estimates use the ACS, the Census Bureau likely won't update the estimates until the 2008-2010 ACS file is released and they might actually wait until after the 2006-2010 file is released in December (they use all three ACS file types depending on the county size). There might also be delays due to the need for data from other sources.

- The advantage of ACS is that the data would be somewhat more recent for the 27 LHJs for which the 3-year estimates are available. 'Somewhat' because 2009 population estimates still might be used or 2008-2010 averages could be taken.
- The advantages of SAIPE are:
  - Same data sources for all LHJs
  - Easier to compile (smaller workload issue)

***Decision*** **–**
The group chose to use the SAIPE estimates for 2008 and 2009.

**ACES** – Juliet shared that the ACES question will not continue to be on the BRFSS and information in future cycles will not be available. Additionally, ACES measures what happened to adults in THEIR youth, not what's happening to youth now. ACES might give information about the environments of youth since some adverse childhood events have intergenerational aspects, but as far as known ACES has not been validated to be used in this way. Also, if looking at people with kids, there would be greater small number issues than with the child health insurance module. Because there are so many questions in the module, there would be both cost and space issues with adding it to both Form A and Form B as is done with the child health insurance questions. In 2011, the module cost about $35,000 to be on Form A. The issue can be revisited if CDC decides to add it to its core data.

**Clarification:** At the previous meeting, ACES was brought up by Maxine as a potential future indicator due to the interest around the state. Some concern was expressed about the sensitivity of asking these questions. For this meeting, DOH staff obtained information from Gilmore on the experience they had with these questions, completion rates, etc. Lyndia provided an overview of this information. Lyndia also had spoken with Laura Porter of the Family Policy Council (FPC). They are very interested in ways to look at risk factors and cumulative risk prior to adulthood. The primary purpose of this work is to identify high risk areas and matching services in these areas. Laura thought the CDC may add them to the core, since federal programs, like Maternal and Child Health, wants the information. The FPC's plan is to not pay for the BRFSS questions for 3-5 years, but then to add them again for 3 years, even if CDC does not add them.

**Decision:** To revisit the possibility of adding ACES as an indicator in the future.

## PROGRESS REPORT ON INDICATORS UPDATES

*Buffi LaDue*

Buffi gave a high-level update on the website development and indicator data collection. Some of the data has been available earlier than anticipated, so only two roll outs are anticipated. The first which will present updates to the majority of the indicators will be made available through the new interactive website around September 19th and will coincide with the release of the new interactive Public Health Activities and Services website and annual results for 2010. The second roll out of data will occur in October with updates to the remainder of the indicators.

## NEXT STEPS

*Lyndia Tye*

Lyndia solicited input from the workgroup about possible options of marketing and communicating the 2011 indicators update. The following options were considered:

- Broad statewide e-mail on all major public health list serves
- Public Health Improvement Partnership (PHIP) quarterly newsletter
- Joint Conference on Health
- WSALPHO end-of year meeting
- Updating indicator materials on website

***Next meeting:*** November 30 (8:30-10 am by iLinc)