

## 2017 Model Practices

### Applicant Information

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### Model Practice Title

Please provide the name or title of your practice: \*

Data to Action: Getting Data off the Shelf and into the Community

### Practice Categories

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category. Please select all the practice areas that apply: \*

- |   |   |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> Access to Care   | <input type="checkbox"/> Advocacy and Policy Making       | <input type="checkbox"/> Animal Control                 | <input type="checkbox"/> Coalitions and Partnerships | <input type="checkbox"/> Communications/Public Relations      |
| <input type="checkbox"/> Community Involvement  | <input type="checkbox"/> Cultural Competence              | <input type="checkbox"/> Emergency Preparedness         | <input type="checkbox"/> Environmental Health        | <input type="checkbox"/> Food Safety                          |
| <input type="checkbox"/> Global Climate Change  | <input type="checkbox"/> Health Equity                    | <input type="checkbox"/> HIV/STI                        | <input type="checkbox"/> Immunization                | <input type="checkbox"/> Infectious Disease                   |
| <input checked="" type="checkbox"/> Informatics   | <input type="checkbox"/> Information Technology           | <input type="checkbox"/> Injury and Violence Prevention | <input type="checkbox"/> Marketing and Promotion     | <input type="checkbox"/> Maternal-Child and Adolescent Health |
| <input type="checkbox"/> Organizational Practices   | <input type="checkbox"/> Other Infrastructure and Systems | <input type="checkbox"/> Organizational Practices       | <input type="checkbox"/> Primary Care                | <input type="checkbox"/> Quality Improvement                  |
| <input type="checkbox"/> Research and Evaluation  | <input type="checkbox"/> Tobacco                          | <input type="checkbox"/> Vector Control                 | <input type="checkbox"/> Water Quality               | <input type="checkbox"/> Workforce                            |
| <input type="checkbox"/> Conference Theme: Bridging Clinical Medicine and Population Health |   |   |  |   |

Other::

Is this practice evidence based, if so please explain. :

No. No specific evidence was found during literature review that related directly to the questions the team was trying to answer. Therefore, the team used a systematic and evidence-based research process to carry out the research and identify evidence and best practice around the following: Who should access health data in the community and use it in their work? How will key stakeholders be identified? What knowledge do you want to learn from the identified key stakeholders about their use of health data for decision-making? How will your organization engage key stakeholders to learn about and encourage their use of health data for decision-making? In addition, the community-academic partnership team used industry and evidence-based methods to evaluate the research. For the project, the team: Completed a literature review to see if there was existing best practice on moving 'data to action'. Held focus groups and key informant interviews with three key stakeholder groups (media, policymakers, and coalition members) to learn perspectives on moving from data gathering to policy and practice change. Held Health Data Summit and Community Meeting with the three key stakeholder groups to increase usage and value of population health data using the Healthy Communities website. Evaluated impact of the grant project and created a blueprint for other communities to follow. The evidence and findings will support replication in the future to ensure the project becoming an evidence-based practice.

### Winnable Battles

To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly. Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC's seven Winnable Battles? If so, please choose from the following: \*

- |   |  |  |                                  |   |
|---|--|--|----------------------------------|---|
| <input type="checkbox"/> Food Safety            | <input type="checkbox"/> HIV in the U.S. | <input type="checkbox"/> Nutrition, Physical Activity, and Obesity | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Healthcare-associated Infections |
| <input type="checkbox"/> Motor Vehicle Injuries | <input type="checkbox"/> Teen Pregnancy  | <input checked="" type="checkbox"/> None                           |                                  |   |

### Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

Your summary must address all the questions below:

- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
  - Were all of the objectives met?
  - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

750 Word Maximum

• Brief description of LHD o Located in northwestern Wisconsin, the Eau Claire City-County Health Department (ECCCHD) serves the 101,564 residents of Eau Claire County (ECC). The ECC racial distribution is primarily white (93%) followed by Asian (3%). The remaining population reports being of two or more races (2%), African American, Native American, or "other". ECC is home to the 20th largest Hmong community in the U.S. and has a sizable Amish population. From 2000 to 2010, the Hispanic population doubled in the county. The department serves 3 cities, 2 villages and 13 townships, with a large portion of the county is rural. In addition, the city of Eau Claire is a University of Wisconsin community. ECCCHD is one of the largest local health department in Western Wisconsin. • Describe public health issue o Public health system partners spend an inordinate amount of time and resources to gather data on the health of the community, yet that data are still underutilized by key stakeholders such as policymakers and media. This creates a need to understand how to better make information available to key stakeholders to support timely, well-informed decision-making that leads to better health outcomes for the community. With new technologies, it is now easier for local health departments to share data; however there is not a clear research on how to best message health data to key stakeholders. Such data are critical for planning, implementing, and evaluating efforts to improve the public's health. Therefore, messaging health information for use in decision-making is ever important for local health departments. • Goals and objectives o The goals of this project is to provide other communities with the skills to (1) outreach/engage key stakeholders about using health data in their work and policies, (2) utilize tools and methods, and (3) understand the challenges for stakeholders to access and utilize health data. This project will ultimately improve the way data are shared and used in the community to drive population health improvement. • How was practice implemented? o In 2014 and 2015, the Eau Claire City-County Health Department, the Medical College of Wisconsin and the United Way of the Greater Chippewa Valley conducted research on the optimal conditions for policymakers, community stakeholders and the media to value and use health data from a community web-based data portal. The findings provide insight on best practice methods for these key constituents to use community health data in developing policy, community planning, and media stories. This research provides a perspective on how these stakeholders interact with data systems, how data systems can meet their needs, and how data bring real value to improve public health practice and outcomes. The team developed a tool-kit that incorporates the methods to recruit and train key constituents on using community health data in their work, and the methods to evaluate the use of health data by those constituents. o While this project was supported by a research grant from the Advancing a Healthier Wisconsin Endowment at the Medical College of Wisconsin, local health departments do not necessarily need a grant to start 'planting the seed' around the importance of using health data in their communities. Eau Claire County had spent several years having conversations about the importance of health data, which led to several communities partners pooling resources for a shared web-based data portal. This data portal was utilized in the research of this project. Other communities replicating this project could use other shared data web portals such as County Health Rankings to talk through the importance of using health data in their community work. • Results/outcomes o For the project, qualitative and quantitative data evaluation took place through multiple avenues. This included surveys, website analytics, monitoring of media stories, monitoring of City Council and County Board agendas and minutes, and success stories from community partners. The team also noted that the 'journey' of researching how stakeholders use data to drive decision-making to the Eau Claire community was just as important as the results. Community involvement and support, often requires change. Gaining support early and throughout the project and continuing to engage the key stakeholders brought everyone along. • Public health impact of practice o Population health data are critical for planning, implementing, and evaluating efforts to improve the public's health. This project exemplifies a best practice for assisting public health system partners to move "data to action" with a specific focus on policymakers, the media, and community stakeholders. • Website o The toolkit is located on [www.ehealthycommunities.org](http://www.ehealthycommunities.org). Eau Claire City-County Health Department website is [www.ehealthdepartment.org](http://www.ehealthdepartment.org).

## Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be (1) **new to the field of public health (and not just new to your health department)** OR (2) **a creative use of an existing tool or practice**, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

- Statement of the problem/public health issue
- What target population is affected by problem (please include relevant demographics)
  - What is the target population size?
  - What percentage did you reach?
- What has been done in the past to address the problem?
- Why is the current/proposed practice better?
- Is current practice innovative? How so/explain?
  - Is it new to the field of public health**OR**
  - Is it a creative use of existing tool or practice:  
What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO's Toolbox etc.)
- Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF)

**2000 Word Maximum**

Please state the Responsiveness and Innovation of your practice (2000 Word Maximum) : \*

• Statement of the problem/public health issue o Public health is evolving. A need exists for informatics-savvy health departments. rNew technologies also change the way data are shared. Public health system partners spend an inordinate amount of time and resources to gather data on the health of the community, yet that data are still often underutilized by key stakeholders such as policymakers and media. There is a need to understand how to make information available to key stakeholders to support timely, well-informed decision-making that can lead to better health outcomes for the community. There is also a need for data to be displayed in a variety of formats. Community leaders want to know how to effectively use health data to achieve their goals and objectives for improved health. The purpose of this project is to better understand how elected officials and media use data for legislation and development of news stories. This project show an example of the methods and skills to optimize the use of data in their communities to support the public health system.

• What target is affected (please include relevant demographics)? o In prior years, multiple partners jointly purchased and developed the Eau Claire County Healthy Communities website ([www.ehealthycommunities.org](http://www.ehealthycommunities.org)) as a platform for community-based organizations to both find and utilize data for community and system action. Despite the investment by the community, little was known about how key stakeholders not only use the Healthy Communities website, but how those groups use data to make decisions. For this project, the team chose to engage three stakeholder groups: policymakers, media, and Eau Claire Healthy Communities coalition members, in order to understand how individuals representing these key stakeholders use community health assessment data to create action through policy development and media stories. The team engaged each stakeholder group for the following reasons.

? Why Engage Policymakers? In order to foster the concept of “Health in All Policies”, policymakers need readily available, valid, and health data they can trust to engage in discussions and to establish policy in a community.

? Why Engage Media? The media is a vehicle to disseminate important health information to the general public. It is vital that media sources use accurate, valid data in their news stories and reporting.

? Why Engage Eau Claire Healthy Communities Members? Eau Claire Healthy Communities is a coalition of key stakeholders working together to improve the health of the community. These public health system partners need support with access to current, valid data for planning, evaluating program, and securing additional financial resources.

• What is the target population size? o The target population is Eau Claire County with the identified specific targets:

? Eau Claire Healthy Communities Council – large network (n=40) of community leaders, partner organizations, and general public interested in working together to improve health.

? Leadership of Marshfield Clinic, Mayo Clinic Health System, Sacred Heart Hospital, United Way Chippewa Valley, and the Eau Claire City-County Health Department – the 5 chief executives of these organizations and their policy boards that currently fund the web-based data platform.

? Policymakers- including Eau Claire City Council (11 members), Eau Claire County Board (29 members), state senator (1), state representative (1)

? Media outlets including local TV (2 stations), local daily newspaper (one), local monthly news journal, local radio outlets (18 stations with an Eau Claire county base)

• What percentage did you reach? o Project focused on three target populations as key stakeholders: Eau Claire Healthy Communities, local media and policymakers. This project successfully reached 100% of the target populations (Eau Claire Healthy Communities Council, Leadership that fund the web-based data platform, policymakers and media) through activities and messaging to better understand their use of community health data in their work. Specifically, through key informant interviews/focus groups, the project reached 18 Healthy Communities Council members, 16 policymakers, and six media. The team also hosted two events: the Community Health Data Summit with 34 stakeholders attending (three media, seven policymakers and 24 Healthy Communities members) and the Community Health Data Conversation with 28 stakeholders attending (one media, six policymakers and 21 Healthy Communities members). They also engaged with the leadership of the local health care systems and United Way that fund the web-based data platform for Eau Claire Healthy Communities.

• What has been done in the past to address the problem? o In 2012, the two hospitals, Marshfield Clinic, the Health Department and United Way recognized a need to develop a common community health data web-portal. Since 2013, these partners jointly purchased a web-based data portal that enable all partners to access local population health data as they undertake subsequent community health assessment and planning processes. This research project focused on using this infrastructure – a web-based data portal – to move community partners to collaborative action and to gain understanding of how technology can support action.

• Why is current/proposed practice better? o Informatics will play an important role for public health agencies in the future to continue population health improvement. While agencies use health data systems and informatics within their agency, there is a need for further promotion of usage outside of the department. By involving other non-traditional groups, we increased knowledge to optimize stakeholder’s access and use of health data. It also puts public health more visibly on the table for policy decisions when policymakers are educated and trained to use health data for decision-making.

o This project provided opportunities to communicate and engage with key stakeholders about the use of data to move from ‘data to action’. Community stakeholders shared many stories how data drove action. This led to success in the community and illustrates how the trainings and education helped the community latch onto the idea to use health data in their work. Note this did not happen overnight. The Eau Claire community spent several years ‘planting the seed’ of using health data, and this project is an opportunity to dedicate additional time and effort to engage with the community to make well-informed decisions. An example of this happening in Eau Claire County is when a coalition member used data at a city council meeting, addressing the topic of high binge drinking rates in the community as an all-you-can-drink special proposal was being brought forward to the city council.

• Is current practice innovative? o Yes. The team researched and found evidence of the importance using health data to drive decision-making, however they did not find research of how to best deliver health data to stakeholders in order to increase their usage of health data. Therefore, the team felt the importance of providing additional research in the emerging topic of data-driven decision-making by reaching out directly to key stakeholders to better understand their current usage of health data and how to better deliver data to increase data-driven decision-making. What is innovative is that this project takes a community through this important process of determining local needs in relation to usage of health data—a unique approach to be replicated in other communities nationally. This project will transform the system through a community-academic partnership that builds on the efforts to impact community action and policy change and build evidence for community health improvement. The goal is to ensure consistent, evidence-based use of web-based data to impact community change. Having a common set of agreed upon population health data available on the web, in real time, is a step forward for community partners. What provides innovation and an opportunity for learning in an academic-practice partnership is identifying how this

web-based data site could be a tool to bring individuals and organizations to action through policy and practice change informed by local data. Innovation comes from testing how this technology-centered project can evaluate how to catalyze data for action in local communities. This project benefits by being a community-academic project because it captures the ability to test the evidence and bring theory to action using the strengths of all of the partners. Of further note is the opportunity to impact traditional and non-traditional partners including hospitals, clinics, policy makers, media, not-for profit organizations, academia at all levels, and others. Determining ways to move communities to action has enormous potential for systems change through replication.

- Is the current practice evidence-based?
- o No. No specific evidence was found during literature review that related directly to the questions the team was trying to answer. Therefore, the team used a systematic and evidence-based research process to carry out the research and identify evidence and best practice around the following:
- Who should access health data in the community and use it in their work? How will key stakeholders be identified?
- What knowledge do you want to learn from the identified key stakeholders about their use of health data for decision-making?
- How will your organization engage key stakeholders to learn about and encourage their use of health data for decision-making?
- o In addition, the community-academic partnership team used industry and evidence-based methods to evaluate the research. For the project, the team:
- ? Completed a literature review to see if there was existing best practice on moving 'data to action'.
- ? Held focus groups and key informant interviews with three key stakeholder groups (media, policymakers, and coalition members) to learn perspectives on moving from data gathering to policy and practice change.
- ? Held Health Data Summit and Community Meeting with the three key stakeholder groups to increase usage and value of population health data using the Healthy Communities website.
- Evaluated impact of the grant project and created a blueprint for other communities to follow.
- ? The evidence and findings will support replication in the future to ensure the project becoming an evidence-based practice.

## LHD and Community Collaboration

The LHD should have a role in the practice's development and/or implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
  - o Steps taken to implement the program
- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice
- Were other stakeholders involved? What was their role in the planning and implementation process?
  - o What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

### 5000 words maximum

Enter the LHD and Community Collaboration related to your practice (5000 words maximum): \*

• Goals and objectives of practice o The goal of this project provides is to provide other communities with the skills to (1) outreach/engage key stakeholders to use health data work and policy, (2) utilize tools and methods, and (3) understand the challenges for stakeholders to access and utilize health data. This project will ultimately improve the way data are shared and used in the community to drive population health improvement.

- What did you do to achieve the goals and objectives o Over two years, a team made up of representatives from the Eau Claire City-County Health Department, Medical College of Wisconsin, United Way of the Greater Chippewa Valley, and many other community partners were funded to identify evidence and best practice around the following:
- Who should access health data in the community and use it in their work? How will key stakeholders be identified?
- What knowledge do you want to learn from the identified key stakeholders about their use of health data for decision-making?
- How will your organization engage key stakeholders to learn about and encourage their use of health data for decision-making?
- o To complete these goals and objectives, the team:
- ? Completed a literature review to see if there was existing best practice on moving 'data to action'.
- ? Held focus groups and key informant interviews with three key stakeholder groups (media, policymakers, and coalition members) to learn perspectives on moving from data gathering to policy and practice change.
- ? Held Health Data Summit and Community Meeting with the three key stakeholder groups to increase usage and value of population health data using the Healthy Communities website.
- ? Evaluated impact of the grant project and created a blueprint for other communities to follow.
- Any criteria for who was selected to receive the practice (if applicable)? o The team engaged three stakeholder groups for activities: policymakers, media, and Eau Claire Healthy Communities coalition members. All team members contributed to the purpose of the project of learning how the selected stakeholder groups use health data in their work. Policymakers were engaged in order to foster the concept of "Health in All Policies"—as policymakers need readily available, valid health data they can trust to make decisions and establish community policy. The media is a vehicle to disseminate important health information to the general public. It is vital that media sources use accurate, valid data in their news stories and reporting. Lastly, the team engaged the Eau Claire Healthy Communities, a coalition of key stakeholders working together to improve the health of the community. The coalition use and need access to current, valid data for to plan, evaluate and secure additional financial resources. Besides media, policymakers, and coalition members, other audiences that may express interest

include: healthcare providers, school boards, parents, grant funders, chamber of commerce, educators, and city planning. o Participants were informed about the project and asked to participate in the project either through a personal conversation, an email invitation or through discussion at an Eau Claire Healthy Communities coalition meeting. To get policymakers, media and Eau Claire Healthy Communities members invested in the project, the team made their “ask” relevant. The team communicated to the key stakeholders that they wanted to find out how they use health data, to ultimately make researching health data easier. • What was the timeframe for the practice? o Over a two-year period (January 2014–December 2016), the team went through the following processes to complete the grant project. ? Engagement and Interpreting the Data: Team obtained key stakeholder perspectives on how to move from data gathering to policy and practice change. Key informant interviews and focus groups with key stakeholders took place. Key themes emerged from the information about health data usage of stakeholders. ? Gathering Information & Intervening: Before the team chose their information gathering methods, they conducted a literature review to see what information regarding the “data to action” theme and interventions for increasing use of health data were available. The team read literature regarding use of data web portals and literature on decision making, but the idea of using a data web portal for decision-making in the community is novel and complex. All of this presented by a challenge, as well as an opportunity. The group decided on focus groups, key informant interviews, and surveys as their methods to gather information. From the data, the team thus developed two interventions to recruit and train target groups to use community health data in their work: a community training and community meeting for key partners and stakeholders. Each intervention is described in detail on the following pages. ? Evaluation: Evaluated the pilot interventions and created a blueprint for other communities to follow. Project results were shared with additional communities through presentations and the development of this toolkit. • Were other stakeholders involved? What was their role in planning and implementation process? o What does LHD do to foster collaboration with community stakeholders? Describe the relationship and how it furthers the practice goal(s) o The team consisted of representatives from the Eau Claire City-County Health Department, Medical College of Wisconsin and United Way of the Greater Chippewa Valley. The team was involved in all aspects of the project, from research to conducting focus groups/interviews/community trainings to data interpretation and evaluation to presenting information about the research project at several local, state and national conferences over the two-year period. o Community partners also engaged at several points throughout the project—during focus groups/key informant interviews, community trainings, meetings, presenting and through research disseminating and/evaluation. Community partners included: Eau Claire Healthy Communities— a large network of community leaders, partner organizations, and general public with interest to work together to improve health; Leadership of Marshfield Clinic, Mayo Clinic Health System, Sacred Heart Hospital, United Way of the Greater Chippewa Valley, and the Eau Claire City-County Health Department – the 5 chief executives of these organizations and their policy boards that currently fund the web-based data platform; local and state policymakers including Eau Claire City Council members; Eau Claire County Board members; a state representative and a state senator, and local media outlets including local TV, local daily newspaper, local monthly news journal, and local radio outlets. o Eau Claire City-County Health Department is fortunate to possess many assets that moved this ‘data to action’ project forward in the community, including active policymakers interested in health and data, as well as active and engaged Eau Claire Healthy Communities coalition members. Eau Claire County is in a media island and local health department has a good connection to local media. Eau Claire City-County Health Department is well-connected to the community and with existing relationships between community partners. The partners convene around the Eau Claire Healthy Communities coalition and the Health Department provides backbone support to this organization for the past 20 years. Such collaborative support moves health improvement effort in the community. o The community, and Eau Claire Healthy Communities, supports the idea of effectively and efficiently moving data to action. The Health Department continues to move the discussion forward and works with Healthy Communities partners to identify the need to move beyond information sharing. In 2012, key partners pooled resources to focus on data availability to develop and launch a data web portal, not an interactive site capable of exciting the population and partners to action. Part of the agreement was to find a way to move the existing web-based data portal effort – a simple shared funding project to develop a data portal –to real collaborative change. The group identified the need to work with an academic partner to build a dynamic and, interactive data site. The primary community partners, key policy makers on the board of health, and a sample of media experts engaged in conversations and efforts to move the data portal to the next level. Academic support provides a key piece to develop best practice on helping targeted stakeholder use health data to drive decision-making. • Any start up or in-kind cost and funding services associated with this practice? o While the team did receive a community-academic partnership grant from the Medical College of Wisconsin for \$200,000 over a period of two years to fund grant activities and staff time, the grant is not necessary to complete this research. For organizations that wish to replicate this project, the team developed a toolkit that would provide guidance and materials that would greatly reduce the start up costs for other communities wanting to replicate in their community. From the team’s experience, start up costs for local health departments include commitment to engaging staff in community engagement processes as well as providing staff training to conduct activities such as conducting focus groups and key informant interviews. This project included in-kind time donations from the team, as well as participants giving time to participate in activities like focus groups/key informant interviews. Funding services included a minimal amount of supplies for community trainings/meetings.

## Evaluation

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are **process** and **outcome**. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.
- Did you evaluate your practice?

- o List any primary data sources, who collected the data, and how (if applicable)
- o List any secondary data sources used (if applicable)
- o List performance measures used. Include process and outcome measures as appropriate.
- o Describe how results were analyzed
- o Were any modifications made to the practice as a result of the data findings?

## 2000 Words Maximum

Please enter the evaluation results of your practice (2000 Words Maximum): \*

What did you find out? To what extent were your objectives achieved? Please re-state your objectives. o The goal of this project is to provide other communities with the skills to (1) outreach/engage key stakeholders to use health data in their work and policies, (2) utilize tools and methods developed by the project, and (3) understand the challenges for stakeholders to access and utilize health data. This project will ultimately improve the way data are shared and used in the community to drive population health improvement. Through this project, the team found that policymakers were especially interested in the topic, as well as the members of the local community health coalition. In that regard, community coalitions at all levels now speak about data and express interest on how to both obtain and interpret data. However, there is a need for additional training and experience and experience by members of these groups to make informed decisions about data sources and data interpretation. An emerging theme of data-driven discussions related to health, as well as decisions that follow, is a need for data at multiple levels in order to address the health needs of the community. o A number of challenges emerged from the research. First, it is a challenge to get media to the table to discuss the topic. Timing is a challenge because their staff has daily deadlines and not much extra capacity. Personal asks brought media to the table. It is imperative to engage the community at multiple levels and in a specific and targeted manner like media, legislators and community coalition members. Finally, there is not a one size fits all regarding data. Different values are placed on health data by members of the key stakeholder groups and a variety of opinions on what they believe is "good enough data" to use. o Important lessons learned came from this rich discussion. The team not only gained new information but applied it in such a way that the community truly took data to action. Did you evaluate your practice? o Yes. The team evaluated their goals through multiple avenues including surveys, website analytics, monitoring of media stories, monitoring of City Council and County Board agendas and minutes, and success stories from community partners. The Medical College of Wisconsin Institutional Review Board provided oversight on all human subjects research for the project. Collecting of primary data provides a huge area of learning for local health departments. This is why the community-academic practice partnership was so important to this project's process. The academic partners were able to help build capacity for primary data collection skills for local health department staff. List any Primary data sources, who collected the data and how ? Focus groups and key informant interviews: Data was collected by the team through focus groups and key informant interviews. Four focus groups (26 people) were held in June of 2013 to September 2013 by the team. Key informant interviews (14) were also held for those that could not make focus groups and or those individuals that could provide additional insight into the research. The following open-ended questions were asked of the participants: • Can you share some of your experiences with using health data? • What sources do you typically use to get health data? • How do you determine the validity of the source(s)? • What challenges, if any, do you face when trying to get health data? • Surveys: Surveys were developed by the team and distributed to participants throughout the two-year period at three specific points: after the Community Health Data Summit, after the community meeting and at the end of the two-year period. The surveys addressed current utilization of the Eau Claire Healthy Communities website, comfort level with data sources, and the perceived value of population health data. The team also coordinated an additional survey to evaluate who was using the Eau Claire Healthy Communities website. They wanted to know if the website had more new users or returning users and for what purpose they were using the website. The website also houses Eau Claire Healthy Communities coalition information, so the team understood that not everyone that goes to the site is looking for health data. To evaluate the users of the Eau Claire Healthy Communities website, the team created a 'pop up survey' that was placed on the website. • In-person conversations: Over the two-year period, the team members had many opportunities to communicate and engage with key stakeholders about the project and the objective of getting stakeholders to use data to move from 'data to action'. They captured stories from in-person conversations with community members about how they used data to drive action and success in the community and wrote out the stories to include as part of the research project evaluation. The stories shared with members of the team help paint the picture of how the community has latched onto the idea of using health data in their work. This does not happen overnight. The Eau Claire community spent several years 'planting the seed' of using health data, and used this project as an opportunity to dedicate additional time and efforts to engage with the community on this important topic. These stories demonstrate the impact of our project on the community. List any Secondary data sources (if applicable) ? Website Analytics: The team tracked website analytics to get a better feel of how often the Eau Claire Healthy Communities website was being utilized and what information visitors were looking for most frequently. This was accomplished by tracking total visits, number of page views, and length of engagement on the website. ? Monitoring of media stories: The overall goal of monitoring media stories and City Council/County Board agendas and minutes was to see if activities made an impact on how often media and policymakers were using health data in their stories and policy decisions. To find this out, the team needed to know if they were using health data; if so, they needed to know what type of data they were using and the source of the data. The team began tracking health data usage in local media: two TV stations and one newspaper. Results were obtained by doing searches on each of the media's website. To ensure a consistent process, the key words "health department" and "healthy communities" were used in the search criteria. Team members and trained university students reviewed all search results and included those that had quantitative health data on the media tracking chart. Information tracked on the media tracking chart for each story included: the date, topic, what health data appeared, the data source and the link. Stories were tracked from January 2014 to December 2015. ? Monitoring of policy decisions: To track policy decisions, team members reviewed City Council and County Board agenda and minutes. Using knowledge of activities happening in the community and looking at the agenda items, the team members determined if the agenda item had the potential to include health data; if so, they requested and reviewed the minutes of that particular meeting, looking for health data being used. Those agenda items that met the criteria of using health data were added to the tracking sheet. Tracking of City Council and County Board meetings occurred from January 2014 to December 2015. • List any performance measure used. Include process and outcome measures as appropriate. ? The team set up an evaluation system to track

website analytics, the number of media stories, and policy decisions that included health data. Website analytics tracked included: total visits, number of page views, and length of engagement on the website. Team members also used established criteria to review media stories and policy decisions that referenced health data in the documents.

- Describe how results were analyzed.

? Focus groups/key informant interviews: All interviews were audio recorded and transcribed verbatim. Analysis of data was conducted by the team to reveal themes and subthemes from the text. Due to the diverse perspectives of the team members, analysis was conducted by having those that participated in the coding first reading all the transcripts. Individual themes were developed and categorized by each team member. Through a constant comparison and discussion over several conference calls, the team developed a consensus around the themes and subthemes that formed the main themes around how health data is utilized in the community. Five main themes developed from the interviews around data: Valid, Accessible, Current, Local, and Trusted

- ? Valid -- the participants valid meant the data is credible, reliable, statistically significant, and has a good research design. "Well, there's a lot of garbage out there. People put a lot of numbers out there but they don't have an appropriate reference for it." (Focus group with policymakers)
- ? Accessible -- Participants noted that they wanted one common place where all of the same information could be stored and found quickly. This was especially relevant by the media. "I mean, I suppose there are cases both in what I do now and what I used to do when you're working on a story and it's like, oh I wish they had data on X that they could get to me in the next half hour and it doesn't work like that often times because things have to be assembled or maybe no one's ever done this survey or study on that."
- ? Current -- It is well known in the public health world that there is a lag from when data is collected and reported and when the data are disseminated. Data from 2013 could be considered recent by some standards, but to media and legislators, they may wonder why the current year's data are not available. "I think the worst one and the reason why we don't do a lot of or as many stories as we might is the information is so old. Oh, we have a new study today and the newest information is from 2008. Okay, what good does that do me? What does that have to do with now?"
- ? Local -- Within the local setting, residents wanted data that were relevant to their community. Though in this setting, they were interested in state and national data as a means of comparison to how the local community is faring. "Yeah, we're always looking for local data because we're a local broadcaster. We're always looking for the local tie. I mean if we use national data it's only to support and help fill in information."
- ? Trusted -- Those who spoke indicated that even if they had a good understanding and way to interpret data, they were interested in having a "trusted source" and this was usually a person -- often with a medical or public health background with whom that person could have a consultation. "Not only the data but the person presenting the data and then as you said, you have to pull yourself back, be a little bit more objective and try to weigh all that, sometimes right on the spot."

? Surveys: Data was compiled from an electronic survey website and analyzed by the team through several discussions.

? Website Analytics: Overall, the team found the trend line for the number of visits to the website remained around the same throughout the two-year period. The important piece to note is that after community engagement events occurred, the number of visits to the website tended to increase.

? Tracking of media stories and policy decisions: The team set up a process for determining which media stories and policy decisions would be included in the research. They created a spreadsheet which contained all the information collected from media stories and policy decisions. Out of all of the stories pulled containing the key words of "health department" and "healthy communities", the team determined the number of stories that contained and did not contain health data. This provided them insight on whether the team's activities had made an impact on the usage of health data in media stories. For the policy decisions, the grant team pulled all decisions that had a potential to use health data. Out of these stories, the team created a chart that identified how many stories contained health data and from which policymaker group (city council or county board).

? Were any modifications made to the practice as a result of the data findings?

? Based on feedback from community partners through focus groups/key informant interviews, surveys and in-person conversation, the team worked with the website provider to modify the website to make searching of data easier for the consumer. These changes were made to increase the competence and confidence of the targeted stakeholders using health data on our web portal. Some of the changes that were suggested were adopted system-wide by the website provider for all their sites. The team also worked with the website provider to come up with new measures of tracking website usage so the team could better evaluate the usage of the website.

## Sustainability

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (*NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation.*)

- Lessons learned in relation to practice
- Lessons learned in relation to partner collaboration (if applicable)
- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?
  - Describe sustainability plans

**1500 Words Maximum**



Please enter the sustainability of your practice (2000 Words Maximum): \*

? Lessons learned in relation to practice o The team learned many lessons from this project, including the following: • Tracking of media and policy decisions is time intensive and can be difficult depending on the systems and their capability of tracking media and policy stories in the community. • At the community training and meeting, it is hard to meet everyone's needs given their limitations using the Eau Claire Healthy Communities website. Multiple facilitators are needed at the meetings to assist those at various skill levels. • Different value is placed on health data by members of the key stakeholder groups and a variety of opinions on what they feel is "good enough data" to use. Data means different things to each key stakeholder. • There are a variety of levels of comfort with use of technology that impacts how to communicate with the individuals. • Data itself is a challenge. There is data that individuals want that is not available. • Take the time to plan—choose the key stakeholders, define objectives, and decide how to engage each group. • Personal connects, or asks, are very effective to gain partner's interest and bring them to the table. • Continued engagement is essential to keep interest in the topic of health data. • This project also helped build skills of local health department team in focus group and community-based research, which will be helpful for ongoing work. o Lessons learned in relation to partner collaboration o Eau Claire County is fortunate to have many assets, with a well-connected community that focuses on collaboration to move this 'data to action' project forward. The relationships with active and engaged policymakers in Eau Claire County, especially those who are interested in health and data, made this project successful. Equally as important was the active and engaged Eau Claire Healthy Communities coalition that is well invested in the topic of data. Relationships with media, and the fact that Eau Claire is located in a media island, helped engage this important stakeholder group. o Even with the assets in the Eau Claire community, the team still had barriers. It is hard to get media to the table. Timing is a challenge because their staff has daily deadlines and not much extra capacity. Personal asks helped bring media to the table. o Did you do a cost/benefit analysis? If so, describe. o No. o Is there sufficient stakeholder commitment to sustain this practice? Describe sustainability plans) o The Eau Claire Community has seen many potential impacts due to this project. ? Members of the media, policymakers and Eau Claire Healthy Communities coalition have a greater awareness of importance of using health data to drive action Members of the media, policymakers and Eau Claire Healthy Communities coalition have an increased awareness and comfort using the Eau Claire Healthy Communities website to find and interpret health data. Most importantly, key stakeholders report success using health data to research for a policy decision, write a media story, and write grants to move forward action around health priorities in our community o The project work will be sustained through many ways. ? The focus on the importance of using health data to drive decision-making will be sustained through the strong coalition of Eau Claire Healthy Communities, as well as through the Eau Claire City-County Health Department and United Way of the Greater Chippewa Valley. All organizations have a strong commitment to using health data to drive decisions. ? The Eau Claire City-County Health Department will continue to have the conversation around 'data to action' with members of the media and policymaking groups through their connections. Due to the work of this project, Board of Health Members who participated in the activities are more conscious of the valuable health data that is hosted on the Eau Claire Healthy Communities website and discuss this information to make decisions at their meetings. Board of Health overview or "fact sheets" contain health data to help drive their decision-making. ? The lessons learned about how media value data will be kept in mind as the Health Department delivers health data through press releases and how they deliver data to the community through articles, press releases and social media. The themes of having data that is accessible, valid, current, local, and trusted are very valuable pieces of information that needs to be shared and reinforced with staff who writes the communication materials. ? The Eau Claire Healthy Communities website continues to be funded through a partnership of organizations committed to using health data to drive community health assessment and community health improvement plans. These organizations have committed to continuous evaluation of the use of the website as a function of the partnership. ? Eau Claire Healthy Communities members will continue to use the Eau Claire Healthy Communities website as a valid source of data. All new members of Eau Claire Healthy Communities Council and its Action Teams receive information about the website as part of their orientation so they understand how the coalition uses health data in their work. ? The toolkit, created as a result of this project, will continue to be shared widely with community partners who participated in the research, with those that heard numerous presentations at local, state and national conferences, and with interested parties through the electronic sharing of it on the Eau Claire Healthy Communities website.

## Additional Information

How did you hear about the Model Practices Program?: \*

- |  |   |   |   |  |
|--|---|---|---|--|
| <input type="checkbox"/> I am a previous Model Practices applicant | <input type="checkbox"/> At a Conference      | <input type="checkbox"/> NACCHO Website | <input type="checkbox"/> Public Health Dispatch                                 | <input type="checkbox"/> Colleague in my LHD |
| <input type="checkbox"/> Model Practices brochure                  | <input type="checkbox"/> NACCHO Exhibit Booth | <input type="checkbox"/> NACCHO Connect | <input checked="" type="checkbox"/> Colleague from another public health agency | <input type="checkbox"/> E-Mail from NACCHO  |
| <input type="checkbox"/> NACCHO Exchange                           |   |   |   |  |