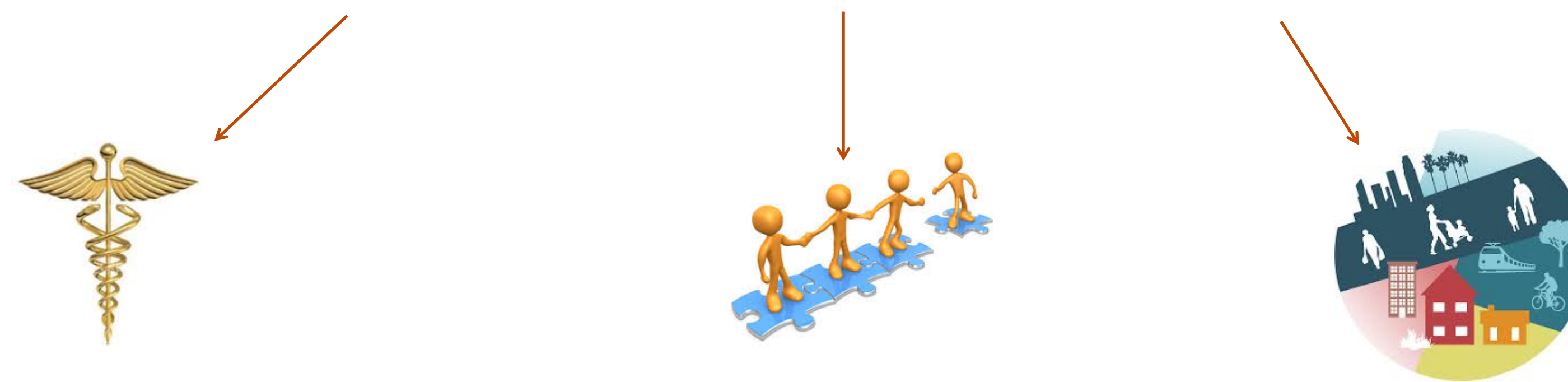




Beyond the Numbers: Using Data to Explore, Inform, and Support

Kimberlee Handloser, Randall Lewis Health Policy Fellow
Claremont Graduate University
Preceptor: Rubén Brambila, MPH
Program Manager, Community Outreach and Innovation
San Bernardino County Department of Public Health

Our Community Vital Signs City Data Report



Strategic Plan*

- Presents the big picture of where the Department of Public Health is going and what it is doing
- Provides a roadmap for the Department of Public Health
- Created in context of Countywide Vision & Community Vital Signs

Examples of Data Use

Using data to create systems change by redefining and informing. Example: Recommended existing data available for health equity strategies that can be used to

- identify health disparities
- provide data to feed into maps

Community Vital Signs **

- “Community driven effort in partnership with the County of San Bernardino to establish a health improvement framework”. (communityvitalsigns.org, para.1)”
- Provides analysis of current health of San Bernardino County residents and “develops evidenced based goals and priorities in alignment with Healthy People 2020 and Healthy California 2020” (communityvitalsigns.org, para. 1).
- Resources gathered assists local agencies and cities in program and policy development to better meet the needs of their residents in the actualization of healthy communities

Healthy Cities***

- Collaboration between the San Bernardino Department of Public Health Healthy Communities Program and the local cities to develop strategies for improving health and well being of residents
- Cities work to transform local environments and increase opportunities for their residents
- Healthy Community Program provide resources and support for the cities

Examples of Data Use

Cities use data for potential infrastructure development

- Identify need backed by data
- Use data to apply for funding

Introduction

Combining public health education with a strong academic background in research and evaluation enabled me to assist the San Bernardino County Department of Public Health in its quest for data driven supported programs and policies.

Focus

My work centered on the compilation of *Our Community Vital Signs City Data Reports*. These reports illustrate the importance of having a data tool that support multiple short and long term objectives and strategies for improving the health and well being of County residents. Examples include:

- Cities can use the data in grants to support statements of need.
- Use of data to identify disparities in order to allocate resources effectively

My Role

The skills I brought to the Fellowship provided the flexibility in knowing when we could pull from this existing data to explore, inform, and support county and city health and well being objectives and strategies. My contributions included:

- Create data reports
- Evaluate the effectiveness through my lens
- Provide feedback to support and inform the data
- Identify data within reports for application beyond intended use
- Identify and recommend potential data to strengthen County and city data systems
- Provide data through the data tool, literature reviews, and research of current best practices and recognized organizations and institutions (e.g., CDC) to inform decision making at the county level for the Healthy Communities Initiative

Anticipated Outcomes

Data may be used to:

- Prioritize public health strategies at the city and county level
- Address health disparities
- Inform County’s open data platform
- Operationalize qualitative data

Conclusion

Through my fellowship experience, I have been able to take the data tool, *Community Vital Signs City Data Report*, and use it to assist in achieving department, county, and city health and well being goals. With data that is readily available, I was able to facilitate a shift from how data is currently being used and encourage a concept of “seeing beyond the numbers.” In doing so, I am leaving my site with the knowledge that data can be used to:

- Explore health issues
- Inform policies & key stakeholders
- Support program development

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