

Data-Guided Good

San Antonio Funders Group
April 6, 2017

Community Information Now

Local data that's trustworthy, neutral, and timely

Laura McKieran, Director





- Annual budget ~\$500K
general operating support only 15%-20% of revenue
- United Way is fiscal agent and longtime funder; IRS 501c3 tax-exempt status pending
- Four core staff + contracted tech services
- UTHHealth School of Public Health in SA is key partner and staff “home”, plus academic resources, data access
- Geographic focus: Bexar, Comal, and 10 other counties surrounding
- Cover all issue areas, esp. education and health & human services
- Active local partner in National Neighborhood Indicators Partnership (NNIP)



New from CI:Now

New data tools, partnerships and grants, projects, and recognition of our work. Search by category or date.

Most recent

CI:Now talks walkability on TPR's The Source (March 22, 2017)

Healthy Cities panel presentation at National League of Cities (March 13, 2017)

SA2020 and CI:Now on TPR's The Source (January 24, 2017)

Panel: HASA HIE - Community Benefits of a Central Health Data Repository (January 17, 2017)

Kronkosky partners with CI:Now to learn more about adults with autism spectrum disorders (January 13, 2017)



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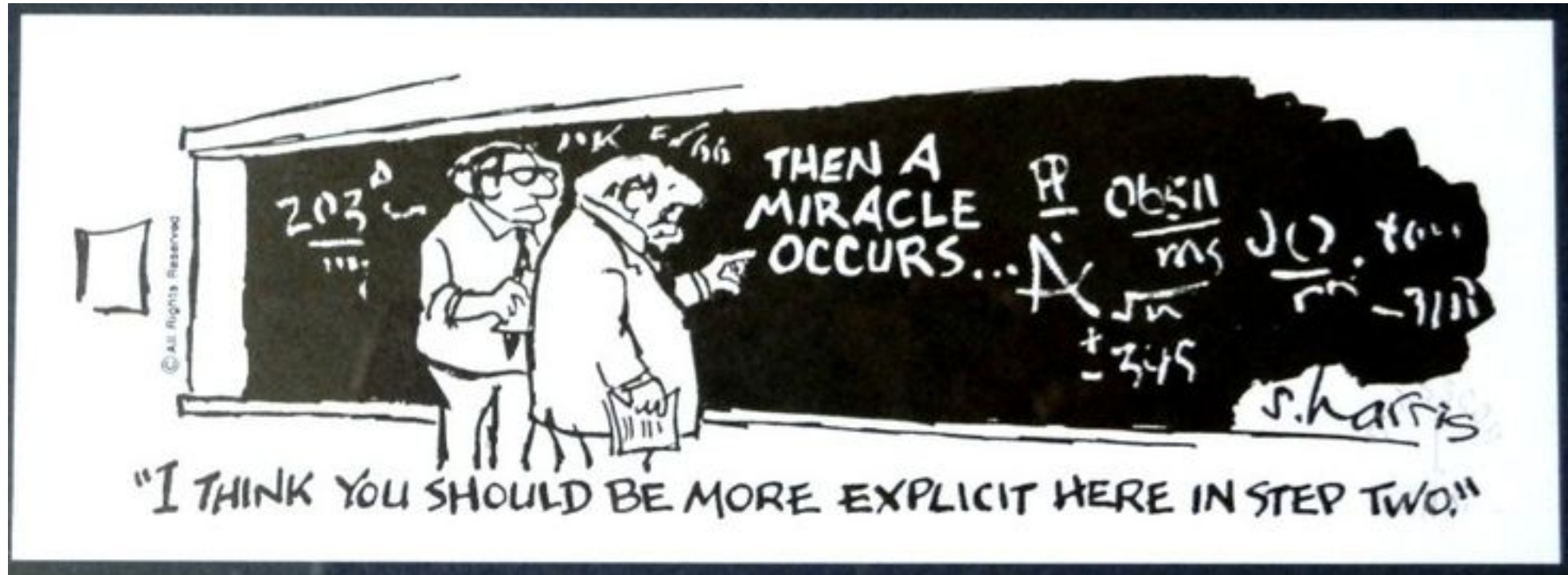
Reports and presentations

Online data tools

Partnerships and grants



What's the point of bringing data to the table?



What does it take for a community to be good at using data?

Widespread...

1. culture of valuing data
2. data literacy
3. processes and structures to support engagement around data
4. good data management practices
5. access to data
6. access to help in using data effectively
7. collaborative and continual planning and coordinated action to build local capacity to use data



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Vision Statement

Explain your product in one phrase or sentence.

By establishing and supporting a culture of data-driven action, we will improve the quality of life for people in our region.

Target Group

Who are the target users of your product? Who are the target customers?

Citizen leaders and other members of the general public

Public and private sector policy and decision makers and their advisors

Other data consumers and communicators, including PR, communications, and advocacy

Researchers and analysts

Needs

What is the problem you are trying to solve?
Which goals do you want to achieve?

Wide access to relevant, quality and unbiased, timely data, sustainably provided

- Connected across sectors
- With common data definitions and standards
- Visualized and communicated effectively
- With transparency of data source, limitations, and how it has been transformed or analyzed
- With appropriate protections and permissions

Target groups understand and value the use of data for decision making.

Analysis services and tools for users without analysis capacity or interest

Training and technical assistance (e.g., coaching and consultation) to help target groups understand and use data and analysis effectively

Infrastructure and process for ongoing local data capacity building

Product

Give 3-5 of the top features you want to offer.

Central repository of shared public data available online freely and publicly

Central access point for shared protected data available as appropriate.

Platform for sharing analysis and presentations with internal and external colleagues

Data analysis services provided directly and/or via facilitated connections with researchers/analysts

Training, coaching, and consultation for target groups on understanding, using, and valuing data, including building internal capacity and strategy for data-driven decision making

Value

What are your business goals? What is the value of your product?

Inform decisions about resource allocation and implementation strategies

Monitor program and policy implementation and outcomes

Improve the effectiveness and efficiency of policies and programs

Improve the efficiency of working with data

Enable coordination and collaboration so that:

- all parties can access the same data at the same time
- organizations and unaffiliated individuals can collaborate across disciplines

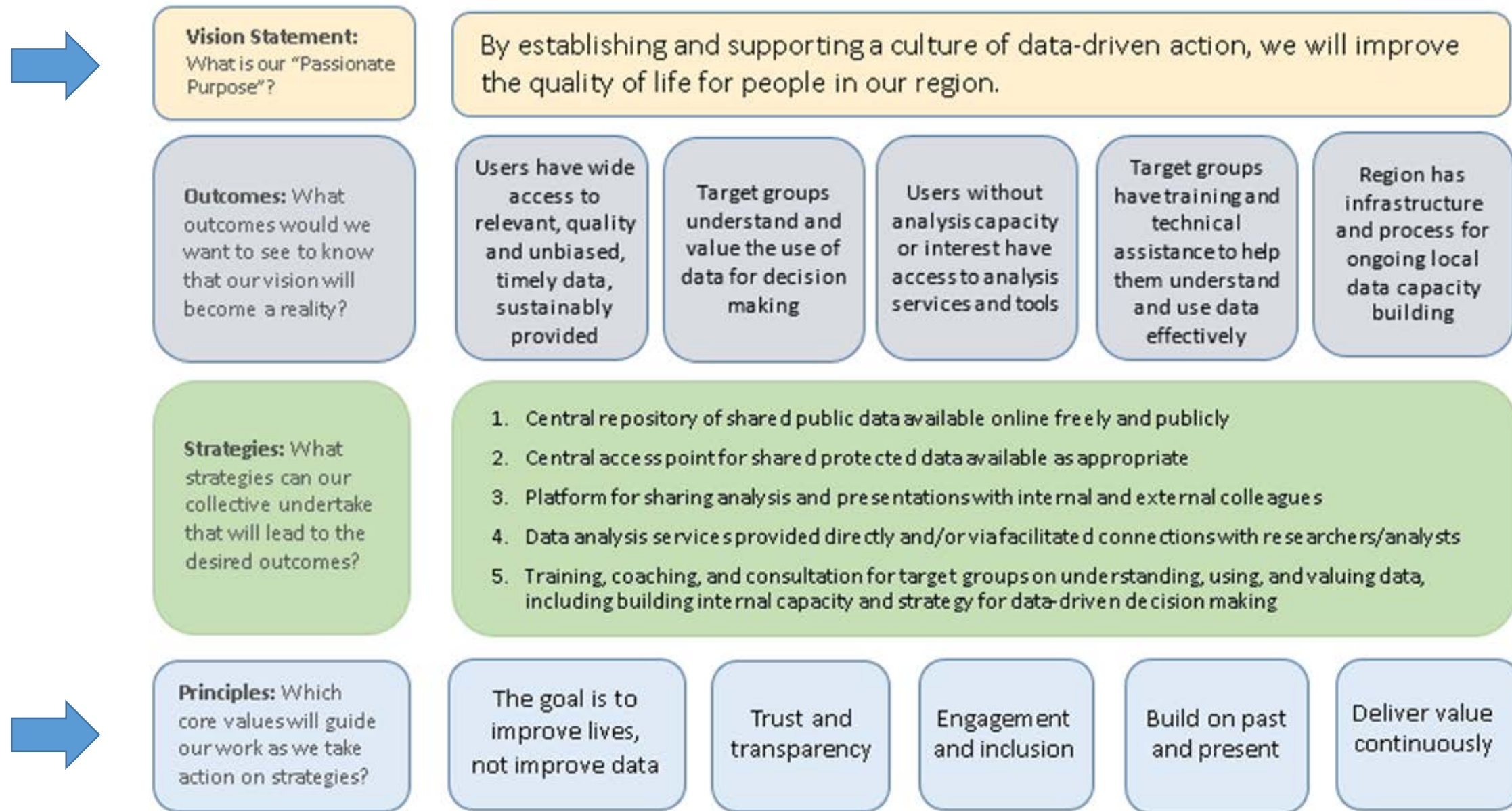
Analyze risk and identify opportunities

Encourage mutual accountability through the transparent use of data for decision making and action

Based on Roman Pichler's Product Vision Board (<http://www.romanpichler.com/blog/agile-product-innovation/the-product-vision-board>)

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Mapping the Product Vision Board to the Collective Impact Vision & Outcomes Model



AACIS formed (late 90s)

Rebranded CI:Now ('08)

UTSPH staffing contract ('09)

"Data Nirvana" meeting (2/16)

"Small group" formed (8/16)

Product Vision Board (9/16)

Alamo Regional Data Alliance (9/16)

Interim Steering Cmte (10/16)

CI:Now staffing (10/16)

Alliance convening (3/17)

Alamo Regional Data Alliance Vision-Phase Convening

San Antonio Central Public Library

Tuesday, March 28, 2017

10:00 AM to 12:00 PM

~68 attendees by invitation only

- First priority given to Feb '16 attendees
- Broad representation of:
 - local government, nonprofits, funders, academia, residents
 - data generators/collectors, intermediaries, analysts, users

MEETING AGENDA

Warm-Up – How do you use data?

- Go to www.menti.com and use code 34 24 4

Welcome – Laura McKieran, CI:Now

- Agenda review and meeting expectations
- Why are we here?

San Antonio's Effort to Collaborate Around Data – Mary Ellen Burns, United Way of San Antonio & Bexar County

- A short history of local data collaboration

Recent Call-to-Action – Leilah Powell, Office of the Mayor, City of San Antonio

- A re-cap of the February 2016 convening

Overview of Project Structure and Timeline – Laura McKieran, CI:Now

- Review of planning process

Q & A

- Go to www.slido.com and use code 3 4 2 4 4
- Submit and vote for questions

The Vision – Henrietta Muñoz, United Way of San Antonio & Bexar County

- An overview of the Alamo Regional Data Alliance vision and purpose

The Vision – Table Discussion

- In what ways would you and/or your organization gain from our community realizing this vision?
- Are there additional needs that are not currently included that you feel should be addressed for a culture of data-driven action to be realized?

Next Steps – Richard Milk, San Antonio Housing Authority

- An update of the upcoming work and outcomes

Next Steps – Table Discussion

- Are there any data you want to use but can't? If so, what is the barrier (i.e. cost, access)?

Q & A

- Go to www.slido.com and use code 3 4 2 4 4
- Submit and vote for questions

Commitment to Continuous Engagement – Lloyd Potter, University of Texas at San Antonio

- An overview of how to get involved

Closing – Describe how you feel...

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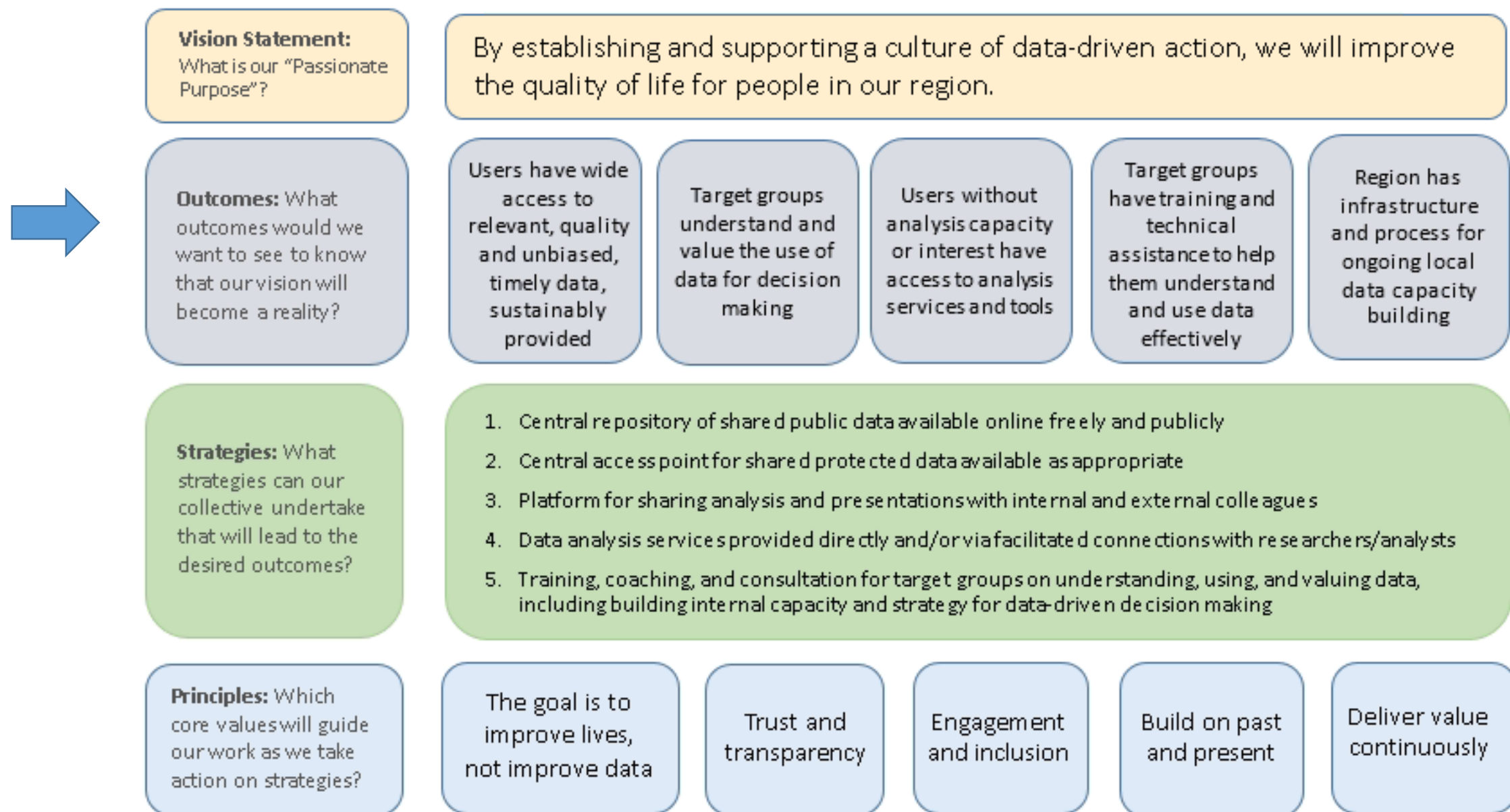
Steering Cmte charter (5/17)

Steering Cmte elections (6/17)

Workgroups launched (9/17)

Steering Cmte launch (7/17)

Mapping the Alamo Regional Data Alliance Product Vision Board to the Collective Impact Vision & Outcomes Model



Users have wide access to relevant, quality and unbiased, timely data, sustainably provided

Target groups understand and value the use of data for decision making

Users without analysis capacity or interest have access to analysis services and tools

Target groups have training and technical assistance to help them understand and use data effectively

Region has infrastructure and process for ongoing local data capacity building

1. Central repository of shared public data available online freely and publicly
2. Central access point for shared protected data available as appropriate
3. Platform for sharing analysis and presentations with internal and external colleagues
4. Data analysis services provided directly and/or via facilitated connections with researchers/analysts
5. Training, coaching, and consultation for target groups on understanding, using, and valuing data, including building internal capacity and strategy for data-driven decision making



**United Way of San Antonio
and Bexar County**



Living Cities
NNIP
Code for America

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Co-training with Census Bureau on Census and Ci:Now data tools

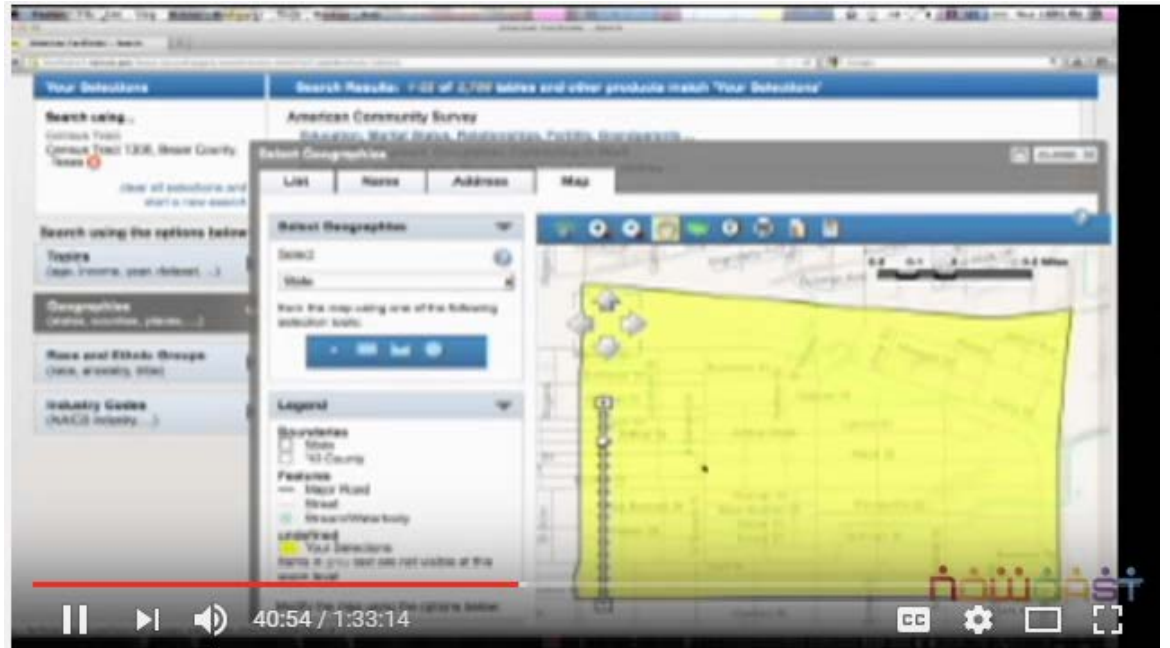


Using Ci:NOW Data



NOWCastSA

Subscribe 607



Using Census Data: part 2



NOWCastSA

Subscribe 607

COMMON DATA TERMS



CI:NOW

Indicator: general term for a thing that tells us the state or level of something. “Four-year graduation rate” tells us something about how well kids in a high school do, and “temperature” tells us something about how hot or cold it is. An indicator isn’t necessarily a *good* indicator. Often used interchangeably with measure. “Indicator” is not synonymous with “data;” indicators are calculated from data.

Integrated data system: link records across datasets, usually from schools and other human service agencies, to assemble a more complete data “picture” of individual people and/or families. Can vary widely in purpose, topic, size, and functionality. See also health information exchange and administrative data.

-L-

Life expectancy: average number of years that a person can anticipate living after a given age, usually birth. Most often based upon the current mortality experience of a population.

-M-

Margin of error: when we can’t measure all of something, like people in a city, we sample them – measure only some to get an idea of (estimate) what’s true of everyone. Sampling introduces error and uncertainty, and the margin of error – for example, “plus or minus three percentage points” – is a measure of how much uncertainty there is. The smaller the sample in relation to the total population, generally, the larger the margin of error.



Simple explanations of data-related concepts

These stories will demystify technical concepts and data terms using (almost) real-life situations. We'll add one every so often, so please check back or [sign up for our newsletter](#) so we can let you know we've published a new story.

The neighborhood that eliminated asthma?

A community asthma coalition wanted to see what parts of the county had the worst problem with serious asthma among children. They mapped by zip code the total number of child asthma-related hospitalizations in the past year, because hospitalizations are a commonly-used measure of asthma that is uncontrolled. One zip code, actually a small city within the larger city, really stuck out on the map – it had only a handful of child asthma hospitalizations despite having a population size similar to other urban zip codes. The coalition's planning committee was very curious how this city had managed to bring child asthma under such good control that hospitalizations were rare, and the committee proposed talking to that city's leadership to learn more and hopefully transfer successful practices to the surrounding area.

When the committee presented the map to the full coalition, though, one member pointed out something the planning committee hadn't thought of: the city with the very small number of child hospitalizations has a very old population compared to surrounding areas. There are very few child asthma hospitalizations in that zip code because there are actually very few children at all. Once the committee mapped the rate – number of child asthma hospitalizations per 1,000 children – instead of the raw number of hospitalizations, that zip code didn't look any better than the others.

Key point: different geographic areas – for example, zip codes or counties – have different population sizes and characteristics. **So if you want to compare and contrast something across geographic areas, you usually want to compare a rate per population, not a number of events or cases, for a specific period of**



SEARCH

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2017 Scope of Work	Example
<p>1. “Unpack” the outcomes</p> <ul style="list-style-type: none"> What are the important outcomes in our “outcome area” (for example, housing, transportation)? What conditions or results in our outcome area are needed for a high quality of life for our older population? 	<p>Outcome area: Educational attainment</p> <p>Some important outcomes:</p> <ul style="list-style-type: none"> Children are ready to learn when they enter first grade. Parents/families value education and support their child’s learning. Children are free from “adverse childhood experiences” (ACEs) that hinder learning and increase dropout risk. Children are able to read by 3rd grade. People graduate from high school. People delay starting families at least until high school graduation. People can afford college or other education like certificate programs. People are prepared for the jobs of today and the future.
<p>2. Identify highest-priority outcomes</p> <p>Given that we can’t do everything at once, what are the most important outcomes in our outcome area to tackle right away?</p> <ul style="list-style-type: none"> Is there low-hanging fruit? Are there “root cause” issues, or system barriers, that must change for other things to get better? Are there strategies that must be started now because they take a long time (e.g., state legislative changes)? 	<p>There’s no one right set of priorities to pick for any outcome area. For this example, imagine that the partners decided that early childhood was the area where they could make the most difference.</p> <p>Priority outcomes:</p> <ul style="list-style-type: none"> Children are ready to learn when they enter first grade (kinder-ready). Children are free from “adverse childhood experiences” (ACEs) that hinder learning and increase dropout risk.
<p>3. Develop indicators of progress</p> <ul style="list-style-type: none"> For each of our priority outcomes, how would we know if we were achieving it? What can we measure to monitor progress? 	<p>Steps 3 through 9 have to be done for each priority outcome chosen. For this example we’ll “follow” the kinder-ready outcome through the rest of the steps.</p> <p>Priority outcome: Children are ready to learn when they enter first grade (kinder-ready)</p> <p>Indicator: Percent of first-graders who are “very ready” (at or above 75th percentile) in four or more areas of the EDI kinder-readiness assessment</p>
<p>4. Understand where we are now and how we got here</p>	<p>The data would be a five-year trend line for the kinder-readiness indicator, maybe with the county figure broken out by race/ethnicity or neighborhood.</p>

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HUD Group	HUD Group	PaCT Indicator	Indicator Name	Definition	Event frequency	Recommended reporting	Data Source	Availability	Lag Time from Event to Data Availability	Availability for PZ geography
		⌘	Student mobility (as proxy for family mobility)	Percent of students enrolled in current campus for <=82% of school year (145 days)	Daily	Annual	School districts	Likely available by request	Unknown	By campus/site; if schools will share data, can report for all campuses in PZ
⌘		⌘	Wage equity	Number and percent of people employed in a job with a wage that is greater than or equal to the city median	Annual	Annual	Census American Community Survey	Publicly available	At sub-county level, only 5-year estimates are available now, so change will be slow to show up.	Available by zip code; can approximate PZ
			Residential foreclosures - tax	Number of residential tax foreclosures as a percent of total taxed residential properties	Running count?	Quarterly or every six months	Bexar County Tax Assessor-Collector?	Likely available by request	Unknown	Should be available by zip code to approximate PZ
			Residential foreclosures - mortgage	Number of residential mortgage foreclosures as a percent of total taxed residential properties	Running count?	Quarterly or every six months	Bexar County Tax Assessor-Collector?	Likely available by request	Unknown	Should be available by zip code to approximate PZ
			Registered voters	Number of registered voters per 1,000 people 18 and older	Running count?	Annual or every six months	Bexar Co. Elections Dept	Likely available by request	Unknown	Available by election precinct; can closely approximate PZ
			Voter turnout - mayoral	Percent of registered voters voting in mayoral election	Every four years	Every four years	Bexar Co. Elections Dept	Publicly available	Within one month following election	Available by election precinct; can closely approximate PZ
			Voter turnout - Presidential	Percent of registered voters voting in Presidential election	Every four years	Every four years	Bexar Co. Elections Dept	Publicly available	Within one month following election	Available by election precinct; can closely approximate PZ
		⌘	Diversity	*The Diversity Index from Esri represents the likelihood that two persons, chosen at random from the same area, belong to different race or ethnic groups	Annual	Annual	ESRI	Available if you pay for ESRI, which UTSPH does	Unknown	Available by zip code and/or census tract; can approximate PZ
		⌘	Perception of neighborhood	Number of positive media stories	Daily	Quarterly or every six months	Newspapers, etc.	Publicly available	Immediate	Will likely be reference to "eastside" or "EastPoint" in general

Prenatal Care



Indicator & Source

% of Pregnancies Receiving Late or No Prenatal Care (Texas Department of State Health Services)

Indicator Notes

This indicator includes all pregnancies resulting in a live birth. Late or prenatal care is defined as care beginning after the first trimester.

Evidence & Source

Prenatal visits are important for the health of both infant and mother. Health care providers can educate mothers on important health issues, such as their diet and nutrition, exercise, immunizations, weight gain, and abstaining from drugs and alcohol. Health professionals also have an opportunity to instruct expecting parents on nutrition for their newborn, the benefits of breastfeeding, and injury and illness prevention, as well as monitor for health-compromising conditions, and help them prepare for the new emotional challenges of caring for an infant. Mothers who receive late (or no prenatal care are more likely to have babies with health problems. Mothers who do not receive prenatal care are three times more likely to give birth to a low-weight baby, and their baby is five times more likely to die. Prenatal care does not always address, and may not be as effective among, women with specific social and medical risks. (Child Trends Databank, 2016)

For more information see: <http://www.childtrends.org/indicators/late-or-no-prenatal-care/>

OVERALL TREND: Bexar County, 2010-2014

	2010	2011	2012	2013	2014
Late or No Care	5,987 23.0%	6,494 25.2%	8,533 32.5%	10,124 37.8%	10,175 36.6%
Second Trimester	4,247 16.3%	4,875 18.9%	5,037 19.2%	5,068 18.9%	4,948 17.8%
Third Trimester	1,005 3.9%	985 3.8%	1,310 5.0%	1,364 5.1%	1,266 4.6%
None	735 2.8%	634 2.5%	2,186 8.3%	3,692 13.8%	3,961 14.3%
Early Care	15,742 60.4%	15,923 61.7%	15,844 60.3%	15,035 56.1%	15,854 57.1%
Unknown	4,345 16.7%	3,402 13.2%	1,900 7.2%	1,645 6.1%	1,752 6.3%
Live Births	26,074 100%	25,819 100%	26,277 100%	26,804 100%	27,781 100%

Source: Texas Department of State Health Services, 2010-2014.

RACE/ETHNICITY: Bexar County, 2014

	White	Black	Hispanic	Other
Late or No Care	1,611 25.0%	761 42.5%	7,277 40.6%	526 32.7%
Second Trimester	1,000 15.5%	368 20.6%	3,267 18.2%	313 19.5%
Third Trimester	222 3.4%	111 6.2%	836 4.7%	97 6.0%
None	389 6.0%	282 15.8%	3,174 17.7%	116 7.2%
Early Care	4,527 70.2%	956 53.4%	9,396 52.4%	975 60.6%
Unknown	311 4.8%	73 4.1%	1,260 7.0%	108 6.7%
Live Births	6,449 100%	1,790 100%	17,933 100%	1,609 100%

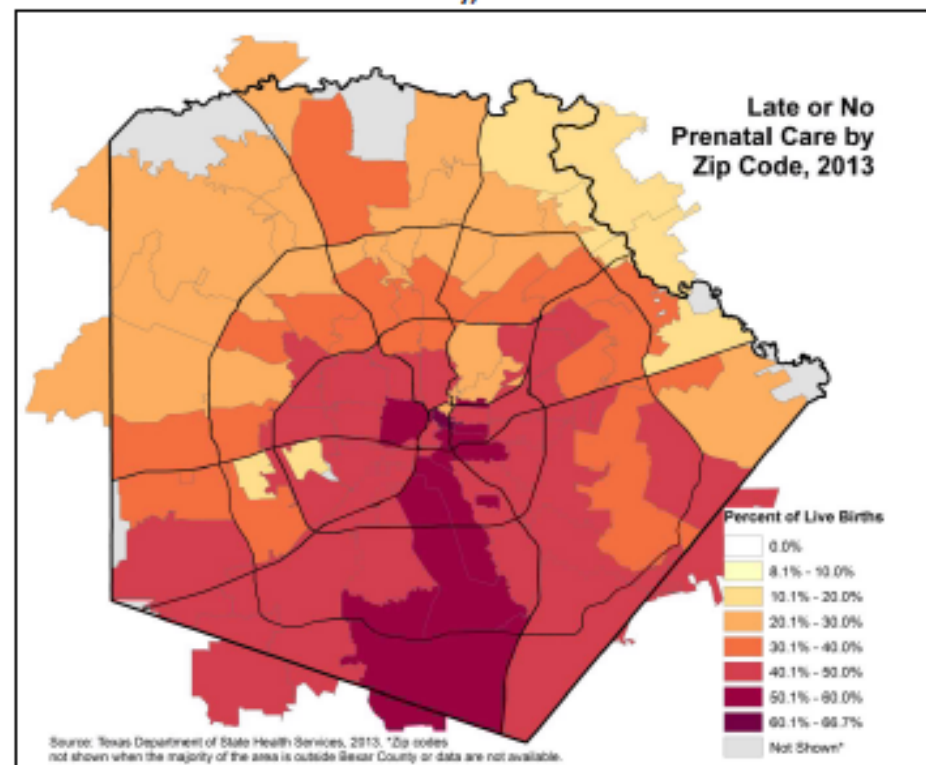
Source: Texas Department of State Health Services, 2014.

AGE: Bexar County, 2014

	15-17	18-19	20-29	30-39	40+
Late or No Care	400 54.9%	831 48.9%	5,869 39.2%	2,846 29.3%	211 32.8%
Second Trimester	170 23.3%	355 20.9%	2,787 18.6%	1,523 15.7%	102 15.8%
Third Trimester	68 9.3%	104 6.1%	729 4.9%	337 3.5%	26 4.0%
None	162 22.2%	372 21.9%	2,353 15.7%	986 10.2%	83 12.9%
Early Care	248 34.0%	731 43.0%	8,119 54.2%	6,344 65.3%	402 62.4%
Unknown	81 11.1%	137 8.1%	981 6.6%	518 5.3%	31 4.8%
Live Births	729 100%	1,699 100%	14,969 100%	9,708 100%	644 100%

Source: Texas Department of State Health Services, 2014.

GEOGRAPHIC DISTRIBUTION: Bexar County, 2013

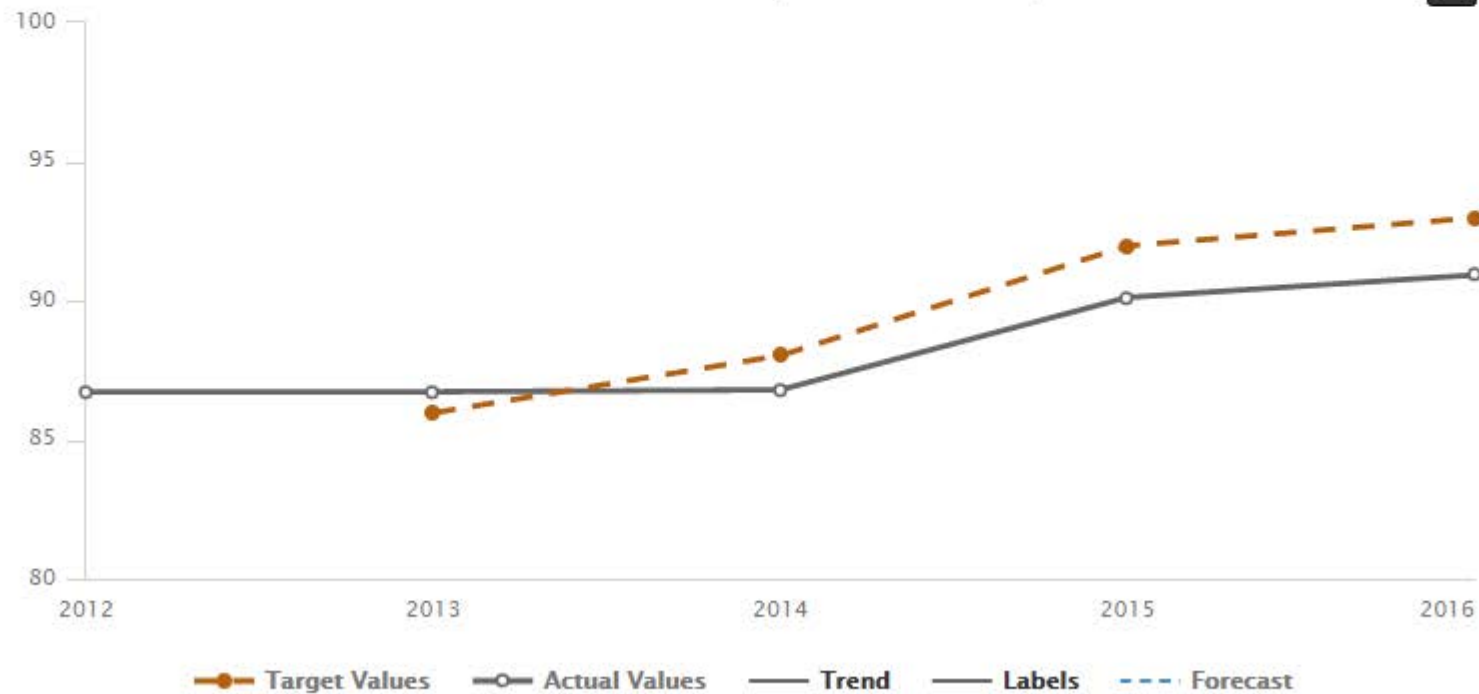


P10. Students have access to 21st Century learning tools

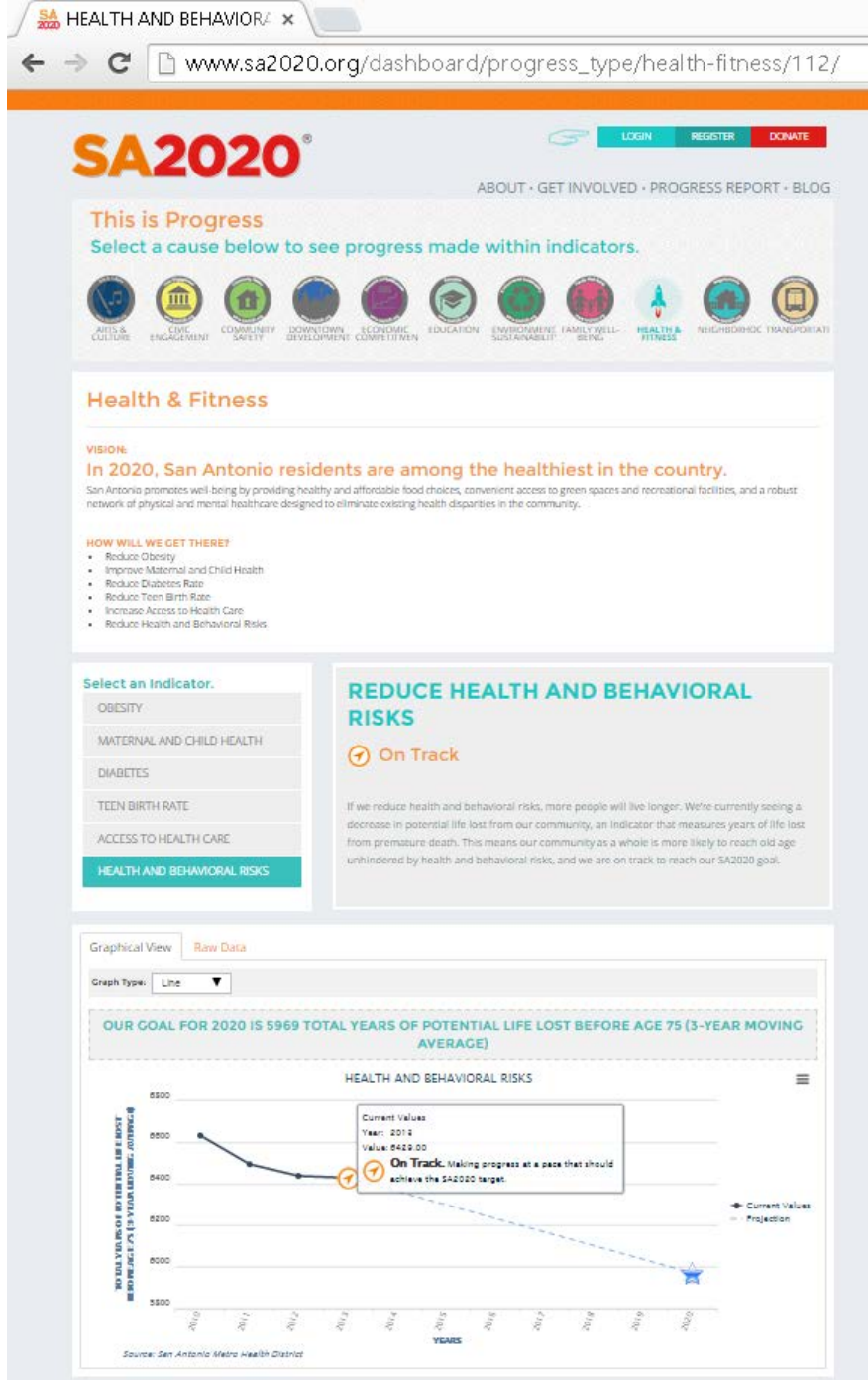
GPRA15

G15: % of students who have access to the internet at home and school

Data Source: School climate survey with non-random sample



ClearImpact.com

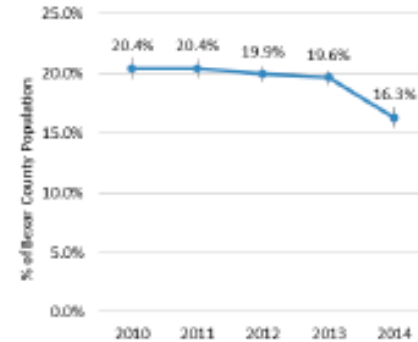


from 2010 (Figure 3.34) likely resulting from the Affordable Care Act (ACA). Uninsurance tracks closely with poverty, and the rates of uninsured are highest on the near eastside, westside, and southside (Figure 3.35).

Uninsurance differs significantly by age group, with a rate of 7.9% ($\pm 1.0\%$) among birth to 17 year olds, 30.6% ($\pm 2.2\%$) among 19 to 25 year olds, and only 2.0% ($\pm 0.6\%$) among those 65 and older.⁴² Children and teenagers have better access to health insurance than do adults because of Medicaid and CHIP, while most

Uninsured Population

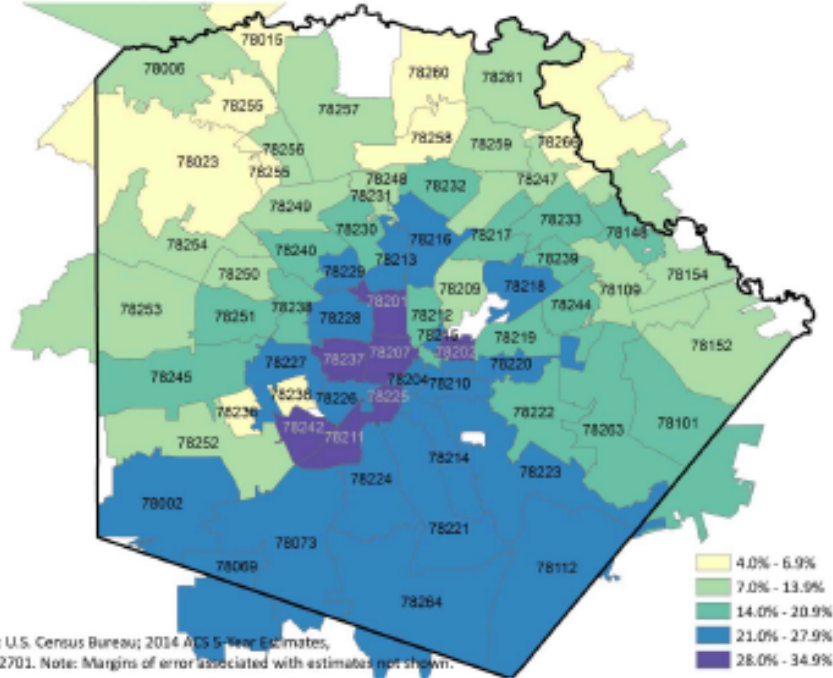
Figure 3.34 Percent of population uninsured



Source: U.S. Census Bureau; 2010-2014 ACS 1-Year Estimates, Table S2701.

Uninsured Population by Zip Code

Figure 3.35 Percent of population uninsured

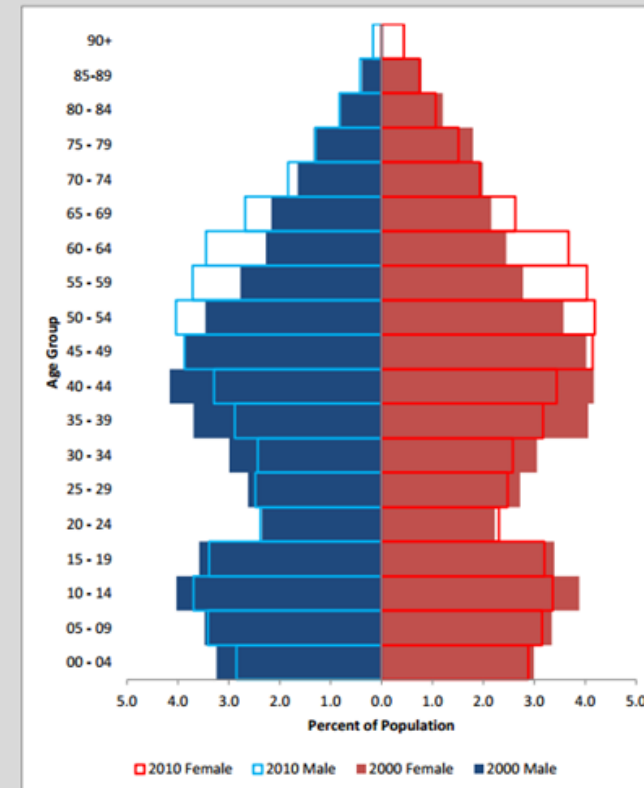


Source: U.S. Census Bureau; 2014 ACS 5-Year Estimates, Table S2701. Note: Margins of error associated with estimates not shown.

2.5 Age Structure: Comal County

The population pyramid below shows the age distribution by sex for Comal County in 2010 (outlined bars) superimposed on the 2000 distribution (solid bars). Each bar represents one five-year age group as a percent of total population. The blue and red areas of the bar represent males and females, respectively. The data are from the US Census Bureau's Decennial Census.

Comal County Population Pyramid (2000 and 2010)



The shapes of both the 2000 and 2010 pyramids indicate a relatively smaller population aged 20 to 49 "sandwiched" between the larger child/adolescent population and older adult/senior population. The population as a whole is significantly older than in 2000, with a substantive proportion 75 and older. Both "aging in place" and in-migration of older adults are likely contributing to this change. The sex distribution is similar until age 70, at which point the population becomes disproportionately female.

Figure 2.5.a.
Comal County Population Pyramid (2000 and 2010)
Source: US Census Bureau

CHCS Integrated Care: change in ED visits

	Consented CHCS IC consumers matched in HASA	Consumers with reduced ED use	Median reduction in annualized ED visits
Single hospital system (pre-enrollment visits available)	109	50 (46%)	3.3
All available hospital systems (pre-enrollment visits undercounted)	161	64 (40%)	2.9

Presa Project Puente: change in readmissions

Risk of 30-day readmission among referred patients enrolling and completing vs. referred patients not enrolling, or enrolling but not completing the program

	Readmission		Risk Ratio	95% CI	P value
	YES (n=186)	NO (n=1,383)			
Completed 4+ visits/calls	38 (8%)	466 (92%)	0.543	0.386 – 0.763	0.0003

Risk of 30-day readmission among enrolled patients completing vs. referred patients enrolling but not completing the program

	Readmission		Risk Ratio	95% CI	P value
	YES (n=46)	NO (n=482)			
Completed 4+ visits/calls	38 (8%)	466 (92%)	0.226	0.119 – 0.430	0.000

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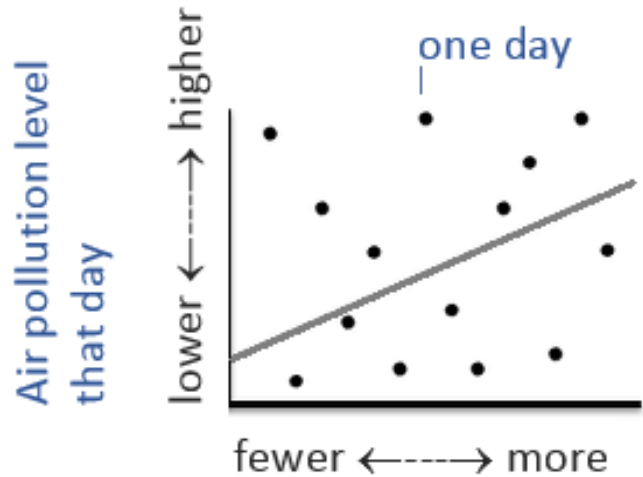
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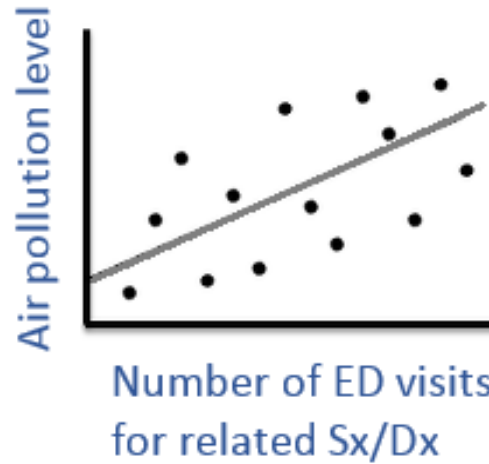
The power of combining datasets

Air quality and ED visits

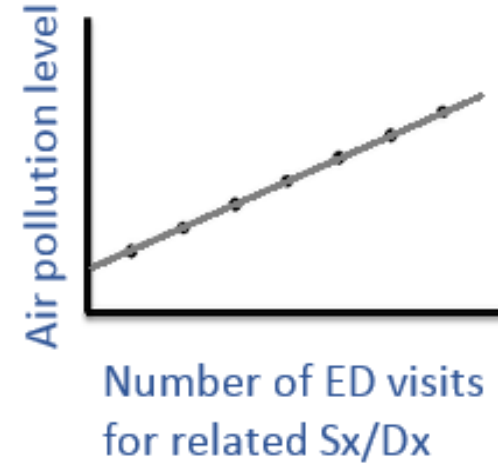


Number of ED visits for
related Sx/Dx that day

no association

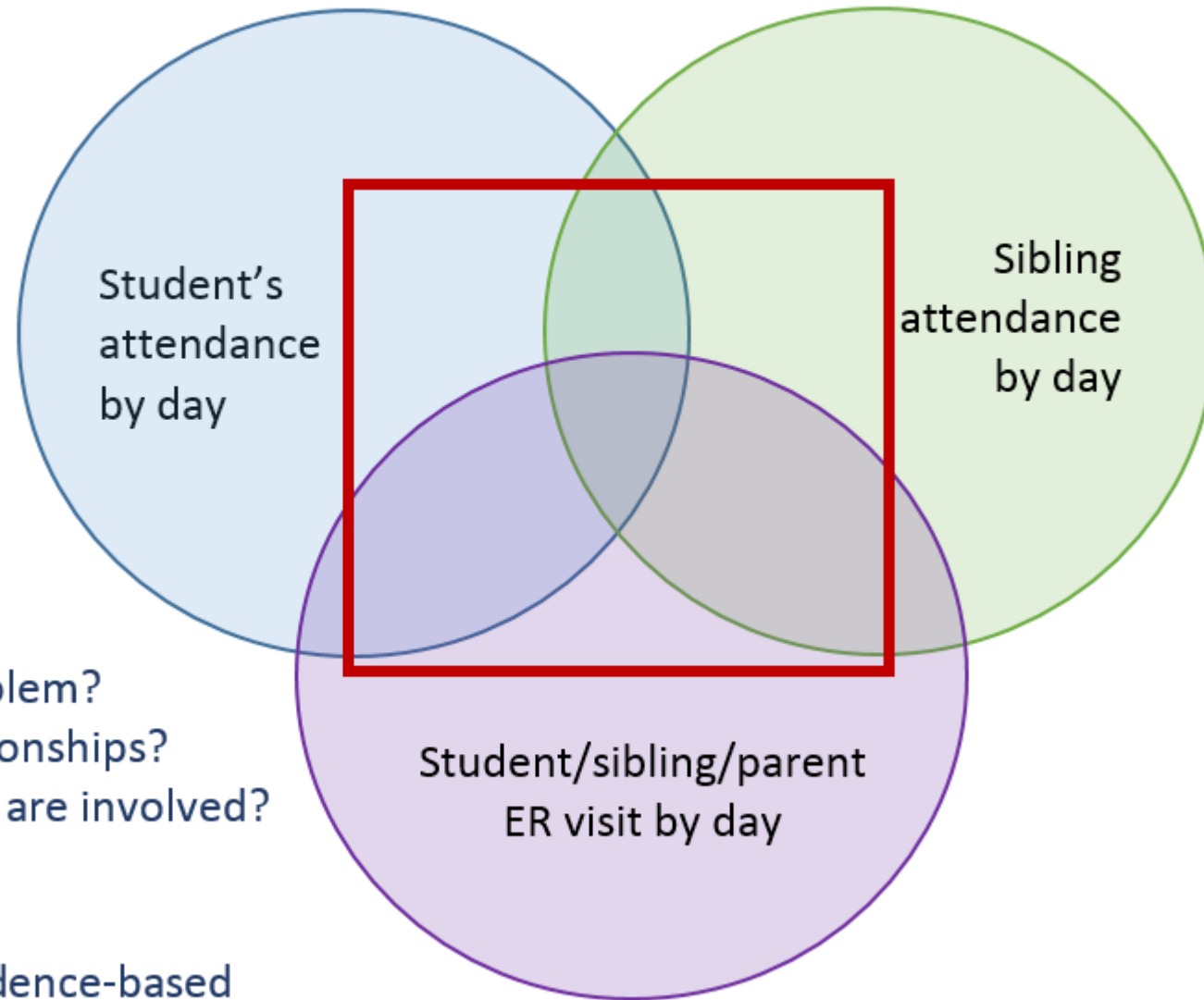


weak positive
association



strong positive
association

with consent to data sharing and use



How big is the problem?
What are the relationships?
What health issues are involved?



Data-informed, evidence-based
interventions

Healthy Cities:
Advancing City Health through Innovative Policies, Data and Partnerships Strategies

Mayors and city leaders play a pivotal role in the overall health and well-being of the cities and towns they serve. Across the country, city leaders are taking action to address the underlying factors that influence health and improve the environments where their residents live, learn, work and play. This seminar is designed to build capacity of city leaders to work across city agencies and engage multi-sector partners to adopt an integrated approach to governing that is data-driven and more comprehensive.

10:00 – 10:30 Data-Driven Partnerships and Policymaking

Speaker/Moderator: Kathryn Pettit, Senior Researcher and Director of National Neighborhood Indicators Partnership (NNIP), Urban Institute

How Local Level Data Initiatives are Informing City Policy & Practice: Participants will hear examples on how cities are using data to tailor and target initiatives in partnership with key sectors to improving health outcomes.

Panelists:

- John Chesser, Enterprise Management Analyst, Mecklenburg County Manager's Office, Office of Management and Budget
- Laura McKieran, DrPH, Director, Community Information Now, San Antonio, TX

10:30—11:00 Operationalizing Data to Improve Health Outcomes in Your Community

Facilitator: Kathryn Pettit

Based on the morning exercise, participants will consider how their assessment data applies and could further inform a current city effort or initiative. Additionally, participants will explore how cross-sector partnerships with the health system, public health, non-profits and county leaders can strengthen their efforts. Participants will

Users have wide access to relevant, quality and unbiased, timely data, sustainably provided

Target groups understand and value the use of data for decision making

Users without analysis capacity or interest have access to analysis services and tools

Target groups have training and technical assistance to help them understand and use data effectively

Region has infrastructure and process for ongoing local data capacity building

1. Central repository of shared public data available online freely and publicly
2. Central access point for shared protected data available as appropriate
3. Platform for sharing analysis and presentations with internal and external colleagues
4. Data analysis services provided directly and/or via facilitated connections with researchers/analysts
5. Training, coaching, and consultation for target groups on understanding, using, and valuing data, including building internal capacity and strategy for data-driven decision making

Data Explorer

nowdata.cinow.info

Curated, searchable
repository of online data
resources

Live but maintenance not
funded

The screenshot shows the NOWDATA Data Explorer website. The header includes the NOWDATA logo (DISCOVER » CONNECT » ACT) and navigation links: Home, About NOWDATA, Contact Us, CI:NOW, NOWCastSA, and NOWTech. The main content area displays a list of indicators, with the first one being "Exploring: All Indicators". Below this, it shows filters for Counties (Bexar), Scopes (Block Group, Census Tract, Neighborhood, Parcel, Zip), and Formats (interactive-map, static-map). It also indicates that 10 indicators were found. The first indicator listed is "Housing and Transportation (H+T®) Affordability Index" for the years 2011 - 2011, with 2 Statics, 2 Interactive maps, and 4 Resources Total. Below this are sections for "Zoning" (2012 - 2012, 1 Interactive map, 1 Resource Total), "Current Local Foreclosures" (2012 - 2012, 1 Report, 1 Interactive map, 2 Resources Total), "Walkability" (2011 - 2012, 1 Table, 5 Interactive maps, 6 Resources Total), and "Eastside Promise Neighborhood Census Data" (2000 - 2010, 3 Tables, 1 Static map, 4 Resources Total). On the right side, there is a search bar and a "Topic:" dropdown menu currently set to "All Topics". Below the topic menu is a "Limit by" section with checkboxes for various topics and counties. The "Limit by Geographic Scope:" section at the bottom right has checkboxes for various geographic scopes. Two yellow callout boxes are present: one pointing to the "All Topics" dropdown menu with the text "current selection criteria", and another pointing to the "Limit by" section with the text "change selection criteria".

current selection criteria

change selection criteria

Exploring: All Indicators

Counties: Bexar,

Scopes: Block Group, Census Tract, Neighborhood, Parcel, Zip,

Formats: interactive-map, static-map,

10 Indicators found.

Housing and Transportation (H+T®) Affordability Index

Years: 2011 - 2011

2 Map: Statics, 2 Map: Interactive s, 4 Resources Total ([view](#))

Zoning

Years: 2012 - 2012

1 Map: Interactive , 1 Resource Total ([view](#))

Current Local Foreclosures

Years: 2012 - 2012

1 Report, 1 Map: Interactive , 2 Resources Total ([view](#))

Walkability

Years: 2011 - 2012

1 Table, 5 Map: Interactive s, 6 Resources Total ([view](#))

Eastside Promise Neighborhood Census Data

Years: 2000 - 2010

3 Tables, 1 Map: Static, 4 Resources Total ([view](#))

Search for:

Topic: All Topics

Limit by

☐ All

☐ Bandera

☐ Comal

☐ Gillespie

☐ Karnes

☐ Kerr

☐ Wilson

☒ Bexar

☐ Frio

☐ Guadalupe

☐ Kendall

☐ Medina

Limit by Geographic Scope:

☐ Address

☒ Block Group

☐ City

☐ Congressional District

☐ County Precinct

☐ Metropolitan Area

☐ Other

☐ School District

☐ Voting Precinct

☐ Bexar Co. Assessment Sector

☒ Census Tract

☐ City Council District

☐ County

☐ County Sector

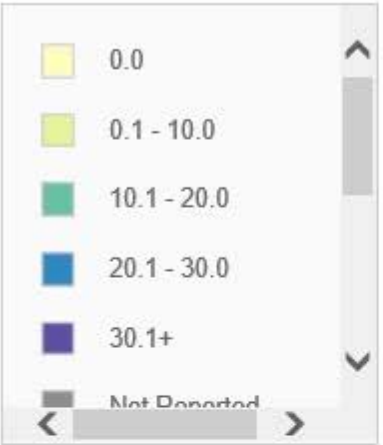
☒ Neighborhood

☒ Parcel

☐ State

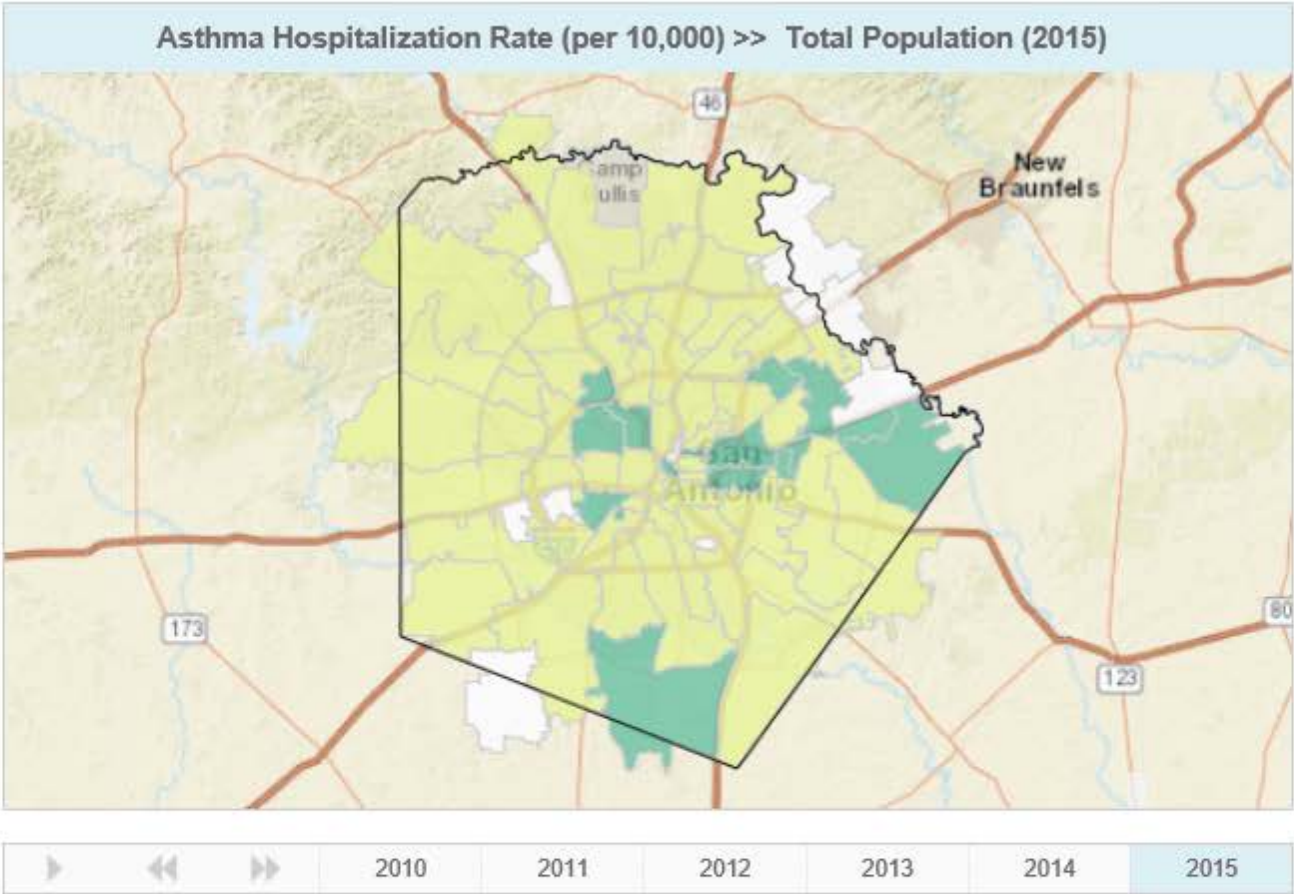
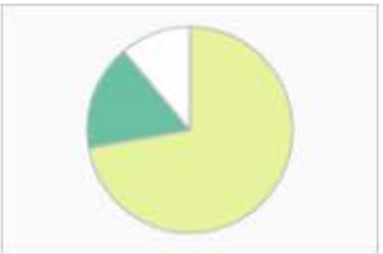
☒ Zip

Data Filter



Asthma Hospitalization Rate (per 10,000)

Definition: Inpatient hospital stays for asthma as the principal diagnosis per 10,000 target population.



Help Print Share

Name	Total Population (2015)
Bexar County	6.9
Texas	5.8

Name	Total Population (2015)
78002	5.0
78015	4.5
78023	2.1
78069	No Data
78073	3.9
78101	3.9

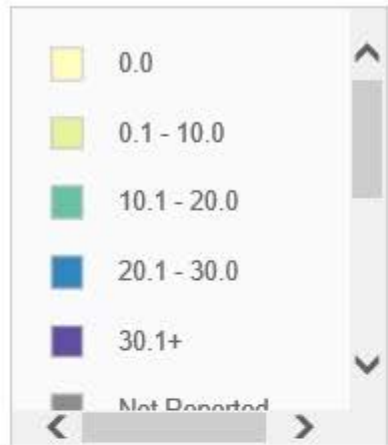
Clear X Filter X



Powered by InstantAtlas

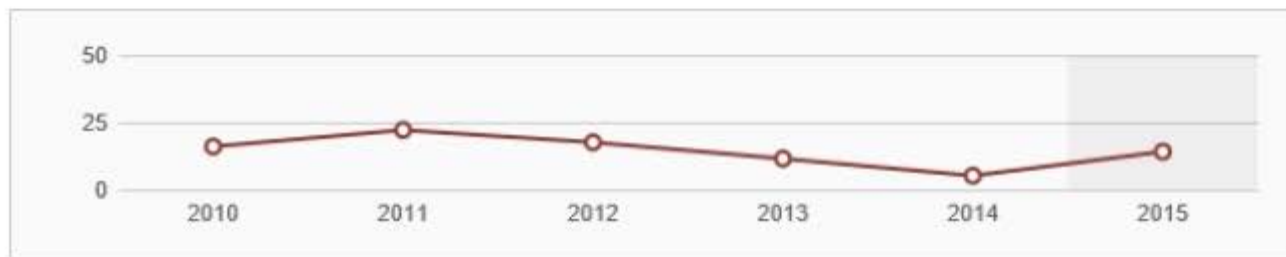
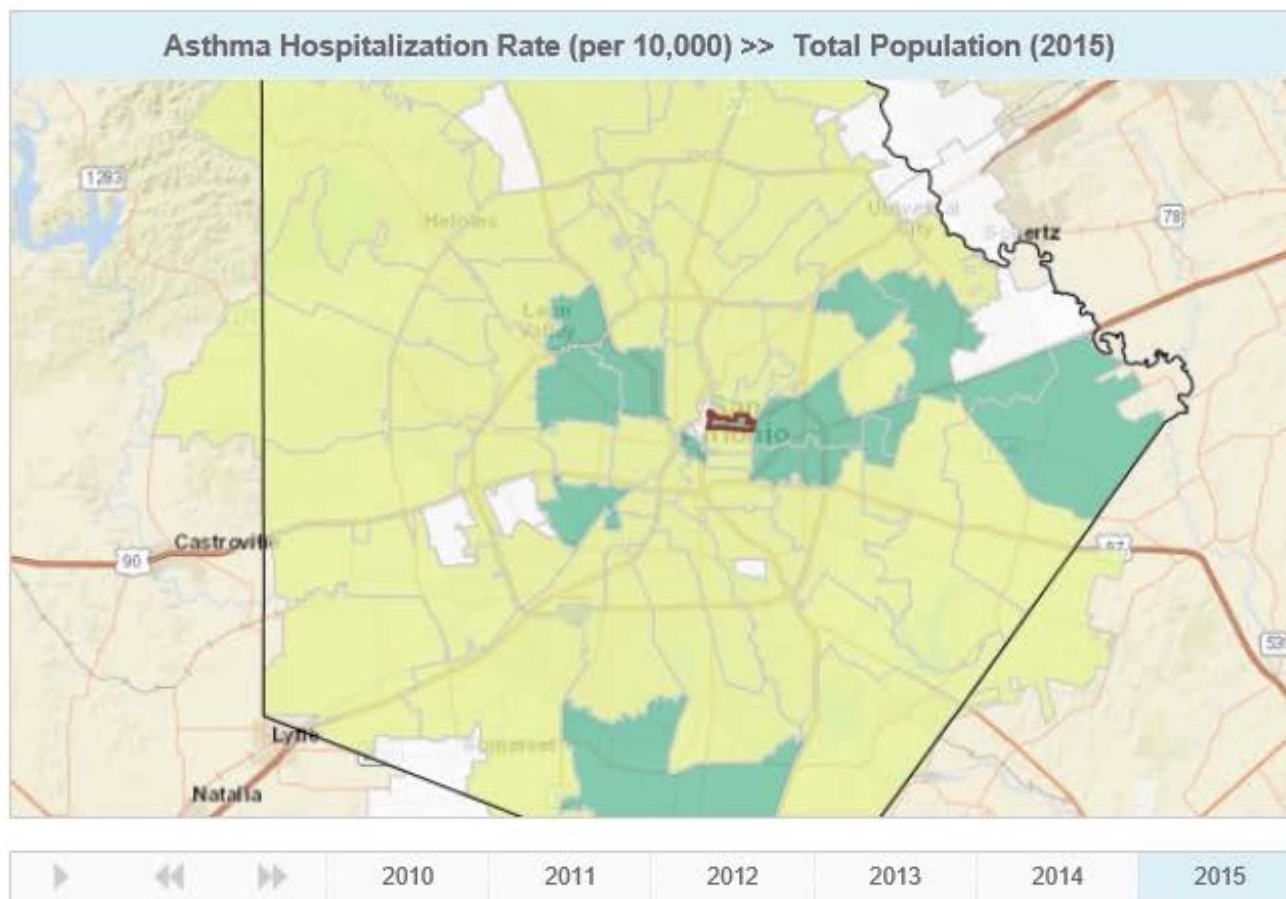
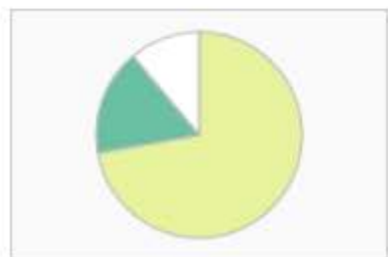
CI:NOW

Data Filter



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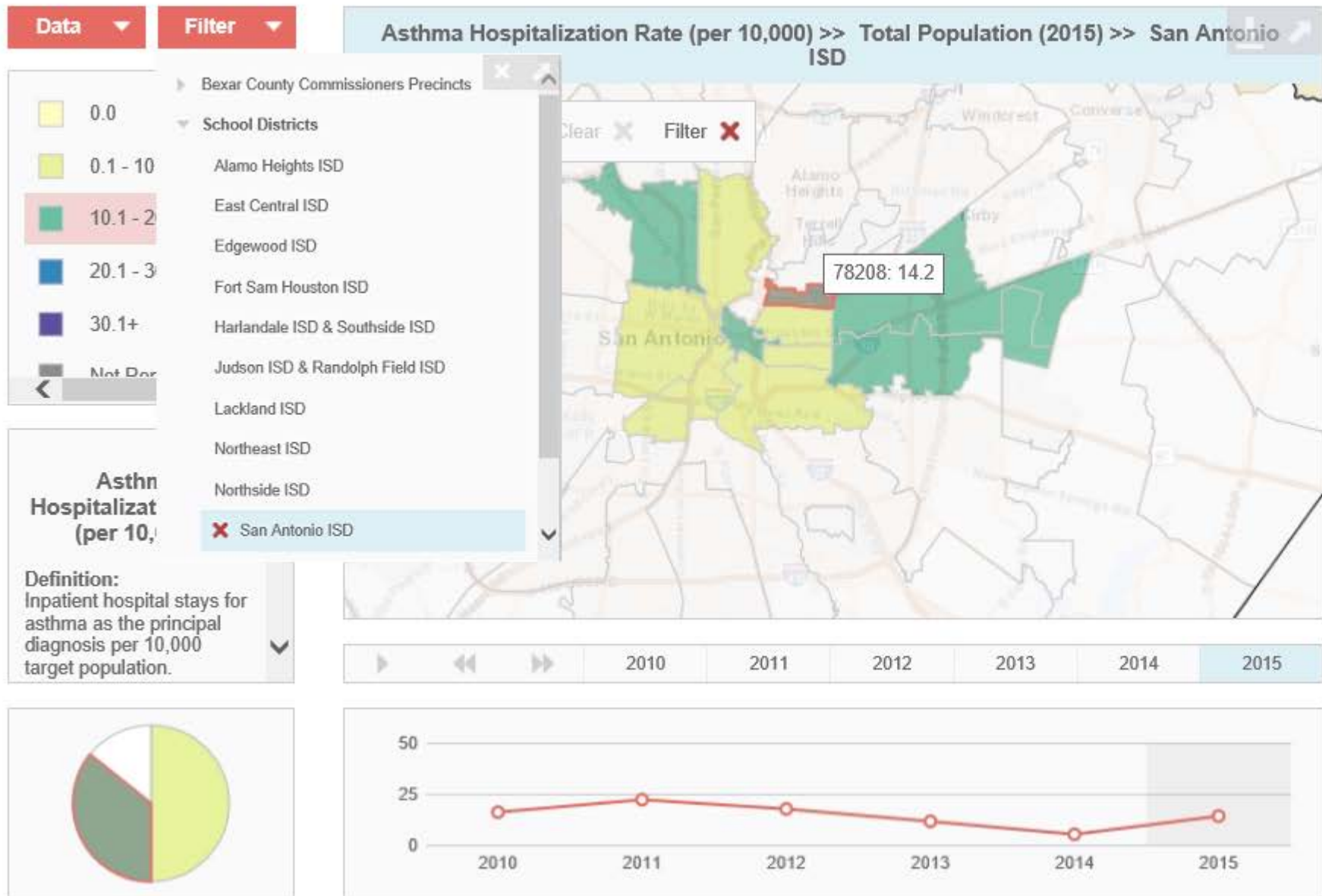
Help Print Share

Name	Total Population (2015)
Bexar County	6.9
Texas	5.8

Name	Total Population (2015)
78205	18.5
78152	17.0
78229	15.9
78208	14.2
78226	14.0
78239	12.7

Clear X Filter X





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How can you help this community be good at using data?

Widespread...

1. culture of valuing data
2. data literacy
3. processes and structures to support engagement around data
4. good data management practices
5. access to data
6. access to help in using data effectively
7. collaborative and continual planning and coordinated action to build local capacity to use data

- Lead by example
- Inspire your peers; help build the culture
- Expect your funded nonprofits to use data well for planning and performance management
- Help support their costs to do that – information systems, staff time, privacy and security help, training and coaching
- Fund tools and services
- Get involved in the Alamo Regional Data Alliance

Trustworthy.
Neutral.
Timely.

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<http://cinow.info/newsletter-signup/>

Credits:

Clarissa Ozuna, PhD(c)
Norma Garza, DrPH(c)
Courtney Denton, MPH

How can we help you?

