

Defining standard social determinants of health data indicators for diabetes programs: An example from the NACDD Diabetes Council's Act on Data Workgroup

Karen Black, MSIS¹ • Jenny Camponeschi, MS² • Kristi Pier, MHS³

¹ California Diabetes Program • ² Wisconsin Diabetes Prevention and Control Program • ³ Michigan Diabetes Prevention and Control Program

Objectives

The Act on Data (AOD) workgroup is part of the National Association of Chronic Disease Directors (NACDD) Diabetes Council; the purpose of the AOD workgroup is to bring together epidemiology, evaluation, and program staff to improve access to and use of data for program planning and decision making.

One 2009 strategic plan goal was to improve the understanding of social determinants of health (SDOH) among state diabetes programs by creating a standard list of SDOH data indicators programs could consider using when making program decisions.

Process

- AOD workgroup meets bimonthly by phone.
- SDOH was the main topic for three calls—SDOH basics; review of a SDOH data set directory; and SDOH examples from the field.
- An Ad hoc workgroup was formed to establish criteria to create and substantiate a workable list of SDOH indicators for use by diabetes programs.
- Reviewed the *Data Set Directory of Social Determinants of Health at the Local Level*.
- Adopted evaluation criteria used by the previous DDT National Objectives Workgroup.
- Created a rating document combining data set directory indicators and evaluation criteria.

Participants

- Rizwana Biviji, IN
- Karen Black, CA
- Jenny Camponeschi, WI
- Robert Graff, ID
- Debra Griffin, AL
- Bernadette Parks, MS
- Parvati Potru, NC
- Jessica Toth, WV

Evaluation Criteria

- **Feasibility:** Extent to which you believe the indicator can be reliably and precisely measured given existing data availability, especially at the state level.
- **Mutability:** The ability for diabetes programs to influence a given indicator or work with non-traditional partners to influence an indicator.
- **Consistency with National Policy Objectives:** The indicator is aligned with other national policy objectives such as Healthy People 2020 or CDC DDT National Objectives.
- **Data available at county level** (Preferred but not required): Yes (enter 1) or No (enter 0)
- **Rating Scale:** 5 = Very high; 4 = High; 3 = Moderate; 2 = Low; 1 = Not present

Process of Elimination

- Brainstormed reducing list from 180 indicators to 4-5.
- Added "Keep?" category and eliminated indicators where the majority agreed not to keep.
- Applied evaluation criteria to remaining, agreed during conference call to eliminate all indicators with sum < 30.
- Analysis of combined ratings and discussion of recommendations resulted in 12 SDOH indicators.

Findings

From more than 180 indicators to 12:

- 1) Poverty rate (Economy dimension, p 5-10 in *Data Set Directory*)
- 2) % families income < ½ poverty line (Economy)
- 3) Cigarette tax (Economy)
- 4) Education attainment aged > or = 25 (Education, p 18-22)
- 5) Expenditures for health and welfare, % local budget for public health (Political, p 24-25)
- 6) Chronic disease control programs (Public health, p 46-47)
- 7) Directory of local smoking cessation programs (Behavioral, p 54-56)
- 8) Type, frequency, duration of physical activity (Behavioral)
- 9) Expenditures on natural resources, parks, and recreation... (Behavioral)
- 10) Fresh fruit and vegetable consumption (Behavioral)
- 11) # supermarkets, convenience stores (Behavioral)
- 12) # fast food restaurants (Behavioral)

Next Steps

- Remaining issues for consideration include: importance of mutability criteria; environmental vs. behavioral indicators; and type, frequency, and duration of physical activity indicators.
- 2010 AOD Workgroup objectives include pilot testing the list of 12 indicators with at least 2 state diabetes programs.

For more information about the NACDD Diabetes Council's Act on Data Workgroup, visit www.chronicdisease.org.